

Related Party Form - Legal Entity Linked Investments

Definitions:

- **Beneficial owner:** has shares in the legal entity equal to or greater than 25% holding or owns the bank account used by the entity.
- **Controller:** exercises control over the entity such as directors or executives.

DETAILS OF RELATIONSHIP

RELATIONSHIP WITH INVESTOR/ENTITY	<input type="checkbox"/>	BENEFICIAL OWNER	<input type="checkbox"/>	CONTROLLER
NAME OF INVESTOR/ ENTITY	<input type="text"/>			

RELATED PARTY DETAILS

ENTITY NAME*	<input type="text"/>																				
REGISTRATION NUMBER*	<input type="text"/>																				
DATE OF REGISTRATION*	<table border="0"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td>-</td> <td><input type="text"/></td> <td><input type="text"/></td> <td>-</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>D</td> <td>D</td> <td></td> <td>M</td> <td>M</td> <td></td> <td>Y</td> <td>Y</td> <td>Y</td> <td>Y</td> </tr> </table>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	D	D		M	M		Y	Y	Y	Y
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D	D		M	M		Y	Y	Y	Y												
CONTACT NUMBER*	<input type="text"/>																				
COUNTRY OF OPERATION*	<input type="text"/>																				
COUNTRY OF REGISTRATION*	<input type="text"/>																				

* Compulsory fields

PHYSICAL ADDRESS

COMPLEX/UNIT/ NUMBER	<input type="text"/>	COMPLEX NAME	<input type="text"/>
STREET NUMBER	<input type="text"/>	STREET NAME*	<input type="text"/>
SUBURB*	<input type="text"/>	CITY*	<input type="text"/>
COUNTRY*	<input type="text"/>	POSTAL CODE*	<input type="text"/>

*Compulsory fields

DECLARATION

We are required to collect, process and share your Personal Information (PI). Your PI is collected and processed by our staff, representatives or sub-contractors and we make every effort to protect and secure your PI. You are entitled at any time to request access to the information STANLIB has collected, processed and shared.

I/We agree to provide all documentation and information required in terms of STANLIB's business rules and the Financial Intelligence Centre Act, No.38 of 2001, and understand that STANLIB is prohibited from processing any transaction on my/our behalf until all such documentation has been provided.

I/We confirm that all information provided herein is true and correct and that I/We have read and understood the contents of this form.

SIGNATURE OF CLIENT/ AUTHORISED SIGNATORY	<input type="text"/>	DATE	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			SIGNED AT	<input type="text"/>								
SIGNATURE OF CLIENT/ AUTHORISED SIGNATORY	<input type="text"/>	DATE	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			SIGNED AT	<input type="text"/>								

