

Beneficial Owner and Related Party Form Collective Investments (Unit Trusts)

- **Beneficial owner:** is the individual who has a 25% or greater holding of the entity.
- **Controller:** exercises control over the entity such as directors or executives.
- **Signatory:** binds a person / entity to the terms of an agreement.
- **Power of attorney:** has authorisation to represent or act on behalf of a person / entity.

BENEFICIAL OWNER DETAILS *

BENEFICIAL OWNER TYPE	<input type="checkbox"/> BENEFICIAL OWNER	<input type="checkbox"/> CONTROLLER	<input type="checkbox"/> SIGNATORY	<input type="checkbox"/> POWER OF ATTORNEY/PROXY	<input type="checkbox"/> OTHER
IF OTHER, PLEASE SPECIFY	<input type="text"/>				
TITLE *	<input type="text"/>	NAME/S *	<input type="text"/>		
SURNAME *	<input type="text"/>	ID/PASSPORT NUMBER *	<input type="text"/>		
MAIDEN NAME	<input type="text"/>	PASSPORT EXPIRY 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"/>		
			D D M M Y Y Y Y		
DATE OF BIRTH *	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	GENDER	<input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE	
	D D M M Y Y Y Y				
MARITAL STATUS *	<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED	<input type="checkbox"/> COMMON LAW SPOUSE	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> WIDOWED
CELLPHONE (DIALLING CODE) *	<input type="text"/> - <input type="text"/>	TELEPHONE (DIALLING CODE)	<input type="text"/> - <input type="text"/>		
EMAIL ADDRESS *	<input type="text"/>				
COUNTRY OF PRIMARY RESIDENCE*	<input type="text"/>				
COUNTRIES OF CITIZENSHIP*	<input type="text"/>				
NATIONALITY *	<input type="text"/>				

*Compulsory Section



DECLARATION

We are required to collect, process, store, disclose and share your Personal Information (PI). Your PI is collected and processed by our staff, representatives or third-party 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.

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.

I/We acknowledge and accept that the information contained in this form and information about the Account Holder may be provided to SARS. Further, that SARS may also exchange the information with the tax authorities of another country or countries in which the Account Holder may be tax resident. **If the information you have provided in this form changes in future, please submit a new form within 30 days. If you are not the Account Holder please indicate the capacity in which you are signing the form. If signing under a power of attorney please also attach a certified copy of the power of attorney.**

SIGNATURE OF CLIENT /
AUTHORISED SIGNATORY *

DATE

		-			-				
D	D		M	M		Y	Y	Y	Y

SIGNED AT

SIGNATURE OF FINANCIAL ADVISER

DATE

		-			-				
D	D		M	M		Y	Y	Y	Y

SIGNED AT

