



STONEHOUSE  
CAPITAL

STANLIB

# Client Consent to Obtain Financial Information

## Collective Investments (Unit Trusts)

STANLIB ENTITY  STANLIB COLLECTIVE INVESTMENTS (UNIT TRUST)

### CLIENT DETAILS

|   |                      |
|---|----------------------|
| ENTITY ACCOUNT NUMBER                     | <input type="text"/> |
| NAME & SURNAME / ENTITY NAME              | <input type="text"/> |
| IDENTITY / PASSPORT / REGISTRATION NUMBER | <input type="text"/> |

### CLIENT'S PHYSICAL ADDRESS

|                                       |                      |
|---------------------------------------|----------------------|
| COMPLEX / UNIT / HOUSE NUMBER *       | <input type="text"/> |
| COMPLEX NAME / ESTATE *               | <input type="text"/> |
| STREET NUMBER *                       | <input type="text"/> |
| STREET NAME / FARM NAME / AREA NAME * | <input type="text"/> |
| SUBURB / DISTRICT *                   | <input type="text"/> |
| CITY / TOWN *                         | <input type="text"/> |
| COUNTRY *                             | <input type="text"/> |
| CODE *                                | <input type="text"/> |

\* Note that this is a compulsory field.

### CLIENT'S POSTAL ADDRESS

|   |                      |
|---|----------------------|
| <input type="checkbox"/> SAME AS PHYSICAL ADDRESS |                      |
| PO BOX NUMBER                                     | <input type="text"/> |
| POST OFFICE NAME                                  | <input type="text"/> |
| POSTAL CODE                                       | <input type="text"/> |
| PRIVATE BAG NUMBER                                | <input type="text"/> |
| POST OFFICE NAME                                  | <input type="text"/> |
| POSTAL CODE                                       | <input type="text"/> |
| POSTNET SUITE NUMBER                              | <input type="text"/> |
| PRIVATE BAG NUMBER                                | <input type="text"/> |
| POST OFFICE NAME                                  | <input type="text"/> |
| POSTAL CODE                                       | <input type="text"/> |



**FINANCIAL SERVICES PROVIDER DETAILS**

|  |  |
|--|--|
| NAME OF FINANCIAL CONSULTANCY (FSP)        |  |
| FSP LICENCE NUMBER                         |  |
| NAME OF REPRESENTATIVE (FINANCIAL ADVISER) |  |
| FINANCIAL ADVISER CODE                     |  |
| MOBILE NUMBER                              |  |
| FAX NUMBER                                 |  |
| E-MAIL ADDRESS                             |  |

**FINANCIAL SERVICES PROVIDER AUTHORISATION**

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 authorise the financial adviser as stated on the Investment Application form to request information on my behalf and to use the internet or other electronic facilities for this purpose. I further acknowledge and agree that any information obtained is only for information purposes. This consent form is not an instruction to change my current financial adviser on record.

|  |   |      |   |   |  |   |   |   |   |  |  |  |  |   |   |  |   |   |  |   |   |   |   |
|--|---|------|---|---|--|---|---|---|---|--|--|--|--|---|---|--|---|---|--|---|---|---|---|
| SIGNATURE OF CLIENT/<br>AUTHORISED SIGNATORY |   | DATE | <table border="1"> <tr> <td></td><td></td> <td>-</td> <td></td><td></td> <td>-</td> <td></td><td></td><td></td><td></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> |   |  | - |   |   | - |  |  |  |  | D | D |  | M | M |  | Y | Y | Y | Y |
|  |   |      |   | - |  |   | - |   |   |  |  |  |  |   |   |  |   |   |  |   |   |   |   |
| D  | D |      | M   | M |  | Y | Y | Y | Y |  |  |  |  |   |   |  |   |   |  |   |   |   |   |
| SIGNED AT                                    |   |      |   |   |  |   |   |   |   |  |  |  |  |   |   |  |   |   |  |   |   |   |   |

**FINANCIAL ADVISER**

I confirm that I have informed the client of the implications of this authority

|                                |   |      |   |   |  |   |   |   |   |  |  |  |  |   |   |  |   |   |  |   |   |   |   |
|--------------------------------|---|------|---|---|--|---|---|---|---|--|--|--|--|---|---|--|---|---|--|---|---|---|---|
| SIGNATURE OF FINANCIAL ADVISER |   | DATE | <table border="1"> <tr> <td></td><td></td> <td>-</td> <td></td><td></td> <td>-</td> <td></td><td></td><td></td><td></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> |   |  | - |   |   | - |  |  |  |  | D | D |  | M | M |  | Y | Y | Y | Y |
|                                |   |      |   | - |  |   | - |   |   |  |  |  |  |   |   |  |   |   |  |   |   |   |   |
| D                              | D |      | M   | M |  | Y | Y | Y | Y |  |  |  |  |   |   |  |   |   |  |   |   |   |   |
| SIGNED AT                      |   |      |   |   |  |   |   |   |   |  |  |  |  |   |   |  |   |   |  |   |   |   |   |

