



Partner Information

Collective Investment (Unit Trust)

PARTNER TYPE

CLIENT TYPES	<input type="checkbox"/> NATURAL PERSON	<input type="checkbox"/> ENTITY		
NATURAL PERSON	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> FOREIGN INDIVIDUAL	<input type="checkbox"/> INSOLVENT ESTATE	
ENTITY	<input type="checkbox"/> ASSOCIATION NOT FOR GAIN	<input type="checkbox"/> CLOSE CORPORATION	<input type="checkbox"/> CORPORATE:ESTATE / LIQUIDATION	<input type="checkbox"/> INSOLVENT ESTATE
	<input type="checkbox"/> ESTATE LATE	<input type="checkbox"/> FOREIGN COMPANY	<input type="checkbox"/> LISTED COMPANY	<input type="checkbox"/> OTHER COMPANY
	<input type="checkbox"/> RSA GOVERNMENT	<input type="checkbox"/> MUNICIPALITIES	<input type="checkbox"/> PROVINCIAL ADMINISTRATION	<input type="checkbox"/> UNLISTED COMPANY
	<input type="checkbox"/> UNINCORPORATED BODY OF PERSONS	<input type="checkbox"/> RETIREMENT FUND (PENSION, PROVIDENT, BENEFIT, RA)	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST
OTHER	<input type="text"/>			

Note: All partnerships must complete this addendum and submit the completed document to STANLIB. The following details are required for one of the partners.

WHERE PARTNER IS AN INDIVIDUAL

TITLE*	<input type="text"/>
PARTNER NAME*	<input type="text"/>
PARTNER SURNAME / REGISTERED NAME*	<input type="text"/>
PARTNER ID / PASSPORT NUMBER*	<input type="text"/>
PASSPORT EXPIRY	<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"/>
	D D M M Y Y Y Y
PARTNER TAX REFERENCE NUMBER*	<input type="text"/>
COUNTRY OF RESIDENCE*	<input type="text"/>

WHERE PARTNER IS ANOTHER ENTITY TYPE

REGISTERED NAME OF LEGAL ENTITY *	<input type="text"/>
TRADE NAME*	<input type="text"/>
DATE OF INCEPTION*	<input type="text"/> - <input type="text"/> - <input type="text"/>
	D D M M Y Y Y Y
REGISTRATION NUMBER*	<input type="text"/>
TAX REFERENCE NUMBER*	<input type="text"/>
COUNTRY OF RESIDENCE*	<input type="text"/>

*Compulsory fields



CLIENT'S PHYSICAL ADDRESS

COMPLEX / UNIT / HOUSE NUMBER *

COMPLEX NAME / ESTATE *

STREET NUMBER *

STREET NAME / FARM NAME / AREA NAME *

SUBURB / DISTRICT *

CITY / TOWN *

COUNTRY * CODE *

* Note that this is a compulsory field.

CLIENT'S POSTAL ADDRESS

SAME AS PHYSICAL ADDRESS

PO BOX NUMBER

POST OFFICE NAME

POSTAL CODE

PRIVATE BAG NUMBER

POST OFFICE NAME

POSTAL CODE

POSTNET SUITE NUMBER

PRIVATE BAG NUMBER

POST OFFICE NAME

POSTAL CODE

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*		DATE*		-		-		-		-		-		-		-		-		-	
		SIGNED AT																			
SIGNATURE OF FINANCIAL ADVISER		DATE		-		-		-		-		-		-		-		-		-	
		SIGNED AT																			

*Compulsory Field

