E-mail Lispinstructions@stanlib.com
Facsimile 0867 277 516

Client Consent to Obtain Financial Information

Linked Investments

STANLIB ENTITY ☐ STANLIB WEALTH MANAGEMENT (PTY) LIMITED (LISP)

CLIENT DETAILS

INVESTMENT NUMBER

NAME & SURNAME / ENTITY NAME

IDENTITY / PASSPORT / REGISTRATION NUMBER

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*

*Compulsory fields

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

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/ AUTHORISED SIGNATORY

DATE 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 D D - M M - Y Y Y Y

SIGNED AT

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2018/06/30
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