



STANLIB

Switch Form

STANLIB Offshore Unit Trusts

The Trust is regulated as a Collective Investment Fund by the Jersey Financial Services Commission. The Manager is authorised by the Jersey Financial Services Commission to conduct Fund Services Business.

PLEASE RETURN THIS COMPLETED FORM TO:

STANLIB Collective Investments STANLIB, 17 Melrose Boulevard, Melrose Arch 2196, P O Box 202 Melrose Arch 2076

Facsimile: 0867 277 507/011 448 6651 E-mail: offshoreinstructions@stanlib.com

Telephone: +2711 448 6000 / 0860 123 003 (SA Only)

CLIENT DETAILS	
PORTFOLIO NUMBER	OR ENTITY NUMBER
NAME/ ENTITY NAME	
IDENTITY/PASSPORT NUMBER	
TAX PAYER IDENTIFICATION NUMBER	
COUNTRIES OF TAX RESIDENCE	
TELEPHONE NUMBER	
CELLPHONE NUMBER	
EMAIL ADDRESS	

SWITCH OPTION:

Please write the amount or the number of units to be switched below.

SWITCH FROM			SWITCH TO						
Class Name	Share Class (B or C) *	Units	Amount	Class Name	Share Class (B or C) *	Units	Amount	Broker Initial Commission	
1.				1.					
2.				2.					
3.				3.					
4.				4.					
5.				5.					
6.				6.					
TOTAL	_			TOTAL					

^{*} Class B (retail investors with financial adviser), Class C (direct investors with no financial adviser).



FINANCIAL ADVISER DE	TAILS (IF APPLICABLE)											
SIGNATURE OF INTERMEDIARY		DATE	D	D	-	M	M	-	Y	Υ	Y	Y
SIGNED AT		STANLIB ONLINE ID										
BROKER NAME		OFFSHORE BROKER CODE										
PERSONAL INFORMATION	N, SECURITY AND PRIVAC	Υ										
The Client agrees that the information below v	will apply to all products and/or services whereb	by the Client has entered into an agreement	with ST	ANLIE	or a	ny of it	ts affi	liates				
may also process or share the Client's pers representatives, contracted third party service	ent's personal information as permitted by law of sonal information if required for the purposes e providers and any appointed financial adviser oviding the Client with products and/or service vices.	of law enforcement or to combat money I r(s), including those in foreign jurisdictions,	aunderir may col	ng and ect, u	d frau se, di	d.The sclose	Clie	nt agi	rees i ise pr	that S	STANL s the C	_IB, its Client's
Acceptance of these terms and conditions is voluntary, but without the Client's personal information as required by this application form STANLIB will be unable to provide products or services to the Client. The Client confirms that the Client has permission to disclose to STANLIB the personal information of any dependent or beneficiary provided in this application form.												
STANLIB or third parties, and will only be kept	re that all personal information about the Clien t for as long as required or prescribed. In some appropriate, this information will be de-indentifi	instances, STANLIB may be required to co	llect or p	roces	s the							
	date or rectify the Client's personal information by by calling the contact centre on 0860 123 003											
DECLARATION												
,	cordance with the mandate held by Sanager/Administrator on application of	,		("th	е Ма	anag	er").	The	ma	ndat	e ov	er
SIGNATURE OF FIRST HOLDER/		DATE			-			-				
AUTHORISED SIGNATORY			D	D		М	М		Y	Y	Y	Y
SIGNATURE OF SECOND HOUSER/		DATE			_			_				
SIGNATURE OF SECOND HOLDER/ AUTHORISED SIGNATORY			D	D		M	M	I	Y	Y	Y	Y
SIGNATURE OF THIRD HOLDER/ AUTHORISED SIGNATORY		DATE										
		5.112	D	D		M	M	-	Y	Y	Y	Υ
] 						ı		ı	1	
SIGNATURE OF FOURTH HOLDER/		DATE			-			-				

