

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

Definitions:

Beneficial owner: has shares in the legal entity equal to or greater than 25% holding or owns the bank account used by the entity.

Controlling Person: 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

DETAILS OF RELATIONSHIP

RELATIONSHIP WITH INVESTOR/ENTITY * BENEFICIAL OWNER CONTROLLER SIGNATORY POWER OF ATTORNEY

NAME OF INVESTOR/ ENTITY *

* Compulsory fields

RELATED PARTY DETAILS - COMPLETE THIS SECTION ONLY IF RELATED PARTY IS A LEGAL ENTITY

ENTITY NAME*

REGISTRATION NUMBER*

DATE OF REGISTRATION* - -
D D M M Y Y Y Y

CONTACT NUMBER*

COUNTRY OF OPERATION*

COUNTRY OF REGISTRATION*

* Compulsory fields

RELATED PARTY DETAILS - COMPLETE THIS SECTION ONLY IF RELATED PARTY IS AN INDIVIDUAL

TITLE * NAME/S *

SURNAME * ID/PASSPORT NUMBER *

MAIDEN NAME PASSPORT EXPIRY DATE * - -
D D M M Y Y Y Y

DATE OF BIRTH * - -
D D M M Y Y Y Y GENDER FEMALE MALE

MARITAL STATUS * SINGLE MARRIED

CELLPHONE (DIALLING CODE) * - TELEPHONE (DIALLING CODE) -

EMAIL ADDRESS *

COUNTRY OF PRIMARY RESIDENCE*

COUNTRIES OF CITIZENSHIP*

NATIONALITY *

* Compulsory fields



ADDRESS DETAILS FOR CONTACT PERSON REPRESENTING LEGAL ENTITY *

PHYSICAL ADDRESS *

BUILDING / PLOT / FARM NUMBER AND NAME			
STREET NUMBER AND STREET NAME			
SUBURB	CITY		
COUNTRY	POSTAL CODE		

*Compulsory Section

INVESTOR DECLARATION

1. I/We acknowledge that I/We provide consent to STANLIB to collect, process, store, disclose and share my Personal Information for the purpose of servicing my investment.
2. I/We agree to provide all documentation and information requested in this document and further required by law and consent to STANLIB processing my information for the purposes stipulated within the Terms and Conditions.
3. 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.
4. 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 / AUTHORIZED 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
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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
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