



Change of details Form

Collective Investments (Unit Trust)

NEW CLIENT DETAILS

Please ensure that all required supporting documentation is submitted with this instruction as stipulated in the Financial Intelligence Centre Act.

ENTITY/INVESTMENT ACCOUNT NUMBER																	
TITLE																	
NAME/S																	
SURNAME/NAME OF LEGAL ENTITY																	
IDENTITY/PASSPORT / REGISTRATION NUMBER																	
CELLPHONE NUMBER					-					TELEPHONE (WORK)			-				
EMAIL ADDRESS																	

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		

CLIENT'S POSTAL ADDRESS

<input type="checkbox"/> 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															CODE		

NEW EMAIL ADDRESS

EMAIL ADDRESS																
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CHANGE OF RECURRING DEBIT ORDER DETAILS

The product minimum recurring debit order amounts must be met, refer to our website www.stanlib.com for more information.

LOAD A NEW DEBIT ORDER YES NO

CHANGE AN EXISTING DEBIT ORDER YES NO

EFFECTIVE DATE OF CHANGE - -

D D M M Y Y Y Y

Portfolio name	New debit order amount	Change debit order portfolio to (specify new portfolio name)	Cancel
	R		
	R		
	R		
	R		
	R		

ANNUAL CONTRIBUTION INCREASE

Should you wish to increase your recurring debit order automatically each year, please indicate this below:

PERCENTAGE INCREASE PER ANNUM 5% 10% 15% 20%

CANCEL ANNUAL DEBIT ORDER INCREASE YES NO

EFFECTIVE MONTH -

M M Y Y Y Y

INCOME DISTRIBUTION

All distributions will be reinvested as per the investment selection unless otherwise instructed.

Portfolio	Income Distribution Method		
	Reinvest into Current Portfolio	Pay into Bank Account	Reinvest into Another Portfolio

BANKING DETAILS

Use the bank details listed below for the following transactions:

REDEMPTIONS INCOME DISTRIBUTIONS REGULAR WITHDRAWAL OPTIONS DEBIT ORDERS

Payments to third party bank accounts are not allowed. Payments can only be paid into an account in the name of the client.

BANK

BRANCH BRANCH CODE

ACCOUNT NUMBER

ACCOUNT TYPE CHEQUE SAVINGS TRANSMISSION

ACCOUNT HOLDER'S ID NUMBER

ACCOUNT HOLDER'S NAME



processed on behalf of myself via your Internet site, telefax, telephone or any other electronic medium shall constitute prima facie proof of the contents of such instructions and applications.

2. General

2.1. The terms and conditions signed and agreed to in the Investment Application form will remain in force and apply to this transaction. Refer to your Investment application form for the detailed terms and conditions. Alternatively you can request a copy of the terms and conditions from your Financial adviser or the Contact Centre on 0860 123 003

2.2. STANLIB Collective Investments (RF) Limited will endeavour to process a change of details instruction within a period of 48-hours, provided that there are no outstanding administrative issues between the Manager and the Client.

DECLARATION

I/We hereby 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 behalf until all such documentation has been provided.

I/We confirm that all information provided herein is true and correct and that I have read and understood the contents of this form.

SIGNATURE OF CLIENT/
AUTHORISED SIGNATORY

DATE

		-			-				
D	D		M	M		Y	Y	Y	Y

SIGNED AT

SIGNATURE OF FINANCIAL ADVISER

DATE

		-			-				
D	D		M	M		Y	Y	Y	Y

SIGNED AT

