# STANLIB

# MelvilleDouglas
A Member of Standard Bank Group

# Offshore Funds

## Melville Douglas Investment Application Form - Individual Investors

**Offshore services involved** ☐

## PLEASE RETURN THIS COMPLETED FORM TO:

**E-mail**: offshoreinstructions@stanlib.com

**Offshore Prospectus:** A copy of the current prospectus is available at www.stanlib.com or by request from the Manager or Distributor.

## KNOW YOUR CLIENT (KYC) DOCUMENTATION REQUIRED

We require, as a minimum, evidence of your:

- Legal name and name(s) currently used;
- Date of birth;
- Nationality;
- Principal residential address;
- Place of birth;
- Passport or National Identity Number; and Sex

Accordingly, please provide:

☐ **IDENTIFICATION DOCUMENT**

- A certified photocopy of a current national identity document bearing photograph.

**AND/ OR:**

- A certified photocopy of a current valid passport bearing photograph. A copy of the document(s) should be originally signed by the holder in the presence of a certifying official. **(please take note of the certification parameters that must be adhered to below).**

☐ **RESIDENTIAL ADDRESS CONFIRMATION**

Certified copy of one of the following:

- Utility bill (not a mobile phone bill)
- Local authority bill – i.e. rates or Council tax
- Bank/Building Society or Credit card statement
- Current tenancy contract or agreement
- Address confirmation must be current i.e. statements/bills not more than three months old or valid agreement

## CERTIFICATION PARAMETERS

The suitable certifier must state that the copy document is:
- "Certified as a true copy of the original"

Please be advised that "Certification" must clearly state the following information concerning the person who has certified the document(s):

- Name and signature
- Profession, or professional body which qualifies them as a suitable certifier
- Contact address / details
- Date of certification
- Position or capacity

## REGISTRATION DETAILS OF THE FIRST APPLICANT

Units will be issued in registered, non-certificated form. **Please note that the investment portfolio may have up to four holders, forms for the additional two investors may be requested from offshorequeries@stanlib.com.**

TITLE

SURNAME

FORENAME/S
(PLEASE LIST ALL NAMES AS PER IDENTITY DOCUMENT)

FORMER NAMES (INCLUDING MAIDEN NAME IF APPLICABLE)

MARITAL STATUS

DESIGNATION OF ACCOUNT / PORTFOLIO (IF APPLICABLE)

ID/ PASSPORT NUMBER

DATE OF BIRTH

D    D        M    M        Y    Y    Y    Y

TELEPHONE (HOME)          TELEPHONE (BUSINESS)

CELLPHONE NUMBER

FAX NO (HOME)          FAX NO (BUSINESS)

E-MAIL ADDRESS (FOR CORRESPONDENCE PURPOSES)

PERMANENT RESIDENTIAL ADDRESS

CITY          POSTAL CODE

HOW MANY YEARS HAVE YOU LIVED AT THIS ADDRESS

CORRESPONDENCE ADDRESS (IF DIFFERENT FROM RESIDENTIAL)

CITY          POSTAL CODE

COUNTRIES OF LEGAL RESIDENCE

COUNTRIES OF DOMICILE

## REGISTRATION DETAILS OF THE SECOND APPLICANT

**TITLE**

**SURNAME**

**FORENAME/S**
(PLEASE LIST ALL NAMES AS PER IDENTITY DOCUMENT)

**FORMER NAMES (INCLUDING MAIDEN NAME IF APPLICABLE)**

**MARITAL STATUS**

**DESIGNATION OF ACCOUNT / PORTFOLIO (IF APPLICABLE)**

**ID/ PASSPORT NUMBER**

**DATE OF BIRTH**

D   D    M   M    Y   Y   Y   Y

**TELEPHONE (HOME)**     **TELEPHONE (BUSINESS)**

**CELLPHONE NUMBER**

**FAX NO (HOME)**     **FAX NO (BUSINESS)**

**E-MAIL ADDRESS (FOR CORRESPONDENCE PURPOSES)**

**PERMANENT RESIDENTIAL ADDRESS**

**CITY**     **POSTAL CODE**

**HOW MANY YEARS HAVE YOU LIVED AT THIS ADDRESS**

**CORRESPONDENCE ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS)**

**CITY**     **POSTAL CODE**

**COUNTRIES OF LEGAL RESIDENCE**

**COUNTRIES OF DOMICILE**

## REGISTRATION DETAILS OF THE THIRD APPLICANT

TITLE

SURNAME

FORENAME/S
(PLEASE LIST ALL NAMES AS PER
IDENTITY DOCUMENT)

FORMER NAMES (INCLUDING
MAIDEN NAME IF APPLICABLE)

MARITAL STATUS

DESIGNATION OF ACCOUNT /
PORTFOLIO (IF APPLICABLE)

ID/ PASSPORT NUMBER

DATE OF BIRTH

      D    D      M    M     Y    Y    Y    Y

TELEPHONE (HOME)                              TELEPHONE (BUSINESS)

CELLPHONE NUMBER

FAX NO (HOME)                                    FAX NO (BUSINESS)

E-MAIL ADDRESS (FOR
CORRESPONDENCE PURPOSES)

PERMANENT RESIDENTIAL ADDRESS

CITY                                         POSTAL CODE

HOW MANY YEARS HAVE YOU LIVED
AT THIS ADDRESS

CORRESPONDENCE ADDRESS (IF
DIFFERENT FROM RESIDENTIAL
ADDRESS)

CITY                                         POSTAL CODE

COUNTRIES OF LEGAL RESIDENCE

COUNTRIES OF DOMICILE

## REGISTRATION DETAILS OF THE FOURTH APPLICANT

TITLE

SURNAME

FORENAME/S
(PLEASE LIST ALL NAMES AS PER
IDENTITY DOCUMENT)

FORMER NAMES (INCLUDING
MAIDEN NAME IF APPLICABLE)

MARITAL STATUS

DESIGNATION OF ACCOUNT /
PORTFOLIO (IF APPLICABLE)

ID/ PASSPORT NUMBER

DATE OF BIRTH

D D - M M - Y Y Y Y

TELEPHONE (HOME)   TELEPHONE (BUSINESS)

CELLPHONE NUMBER

FAX NO (HOME)   FAX NO (BUSINESS)

E-MAIL ADDRESS (FOR
CORRESPONDENCE PURPOSES)

PERMANENT RESIDENTIAL ADDRESS

CITY   POSTAL CODE

HOW MANY YEARS HAVE YOU LIVED
AT THIS ADDRESS

CORRESPONDENCE ADDRESS (IF
DIFFERENT FROM RESIDENTIAL
ADDRESS)

CITY   POSTAL CODE

COUNTRIES OF LEGAL RESIDENCE

COUNTRIES OF DOMICILE

## RISK ASSESSMENT NOTICE

Each applicant is required to complete the codes for Source of Income, Purpose of Investment, Industry and Occupation under the applicable code category. For example, applicant 1 to complete codes under 'applicant 1 code'

## SOURCE OF INCOME

APPLICANT 1 CODE:    APPLICANT 2 CODE:    APPLICANT 3 CODE:    APPLICANT 4 CODE:

| | | |
|---|---|---|
| **01.** Gifts / inheritance / winnings | **04.** Passive income (Rental, Dividends, Interest) | **07.** Retirement / insurance pay out |
| **02.** Trade / business | **05.** Savings | **08.** Salary / bonus |
| **03.** Credit | **06.** Child / spousal support payments | **09.** Tax refund |

## PURPOSE OF INVESTMENT

APPLICANT 1 CODE:    APPLICANT 2 CODE:    APPLICANT 3 CODE:    APPLICANT 4 CODE:

| | | | | |
|---|---|---|---|---|
| **01.** Start and expand a business | **02.** Education savings | **03.** Foreign exchange hedging | **04.** Save for retirement / financial goals | **05.** Winding up estate |

## INDUSTRY

APPLICANT 1 CODE:    APPLICANT 2 CODE:    APPLICANT 3 CODE:    APPLICANT 4 CODE:

| | | | | |
|---|---|---|---|---|
| **01.** Government, state owned enterprise, armed forces | **05.** Politics | **09.** Administrative and support service | **13.** Professional, scientific, technical and education | **17.** Information, technology and communication |
| **02.** Gambling | **06.** Mining and quarrying | **10.** Agriculture, forestry and fishing | **14.** Electricity, water, gas supply and waste management | **18.** Manufacturing, wholesale or retail |
| **03.** Non-profit / religious organisation | **07.** Motor vehicles, transportation, distribution | **11.** Arts, entertainment, hospitality | **15.** Financial, investment and insurance | |
| **04.** Real estate | **08.** Unemployed | **12.** Construction | **16.** Human health and social work activities | |

## OCCUPATION

APPLICANT 1 CODE:    APPLICANT 2 CODE:    APPLICANT 3 CODE:    APPLICANT 4 CODE:

| | | | |
|---|---|---|---|
| **01.** Executive / General | **04.** Management | **07.** Self employed | **10.** Clerical support |
| **02.** Heads of government / cabinet minister / judges | **05.** Professional | **08.** Unemployed | **11.** Craft and trades worker |
| **03.** Traditional leader / royal family | **06.** Religious leader | **09.** Technician, Sales or Services | **12.** General Staff |
| | **13.** Retired | **14.** Sports Professional | **15.** Security Services |

## CORRESPONDENCE METHOD

The Manager will by default communicate by electronic means, however, investors have the choice at any time to instruct the Manager to update the preferred correspondence method to post.

TICK IF YOU WISH CORRESPONDENCE BY POST ☐

## INVESTMENT SELECTION - GROUP INVESTMENT FUNDS

The minimum investment amount is USD2,500 or currency equivalent. **The below funds pay trailer commission except for the clean classes.**

| Class Name | Share Class | Fund Currency | Investment Amount | Broker Initial Commission |
|---|---|---|---|---|
| **MELVILLE DOUGLAS** | **Share Class(B,C)*** | | | |
| Melville Douglas Income Fund Limited - Enhanced Income Fund | | USD | | |
| Melville Douglas Income Fund Limited - Enhanced Income Fund | | GBP | | |
| Melville Douglas Global Growth Fund Limited - USD Global Growth Fund | | USD | | |
| Melville Douglas Select Fund Limited - Global Equity Fund | | USD | | |
| Melville Douglas Select Fund Limited - Global Impact Fund | | USD | | |
| Melville Douglas Income Fund Limited - USD Bond Fund | | USD | | |
| Melville Douglas Income Fund Limited - GBP Bond Fund | | GBP | | |

**\* C Classes are clean and pay no trail commission. Where initial broker fees are not selected we will default to 0%.**

## EXPECTED FUTURE ACTIVITY

Please provide the following details for any regular payments you anticipate making into the class funds:

| Class Name | Currency | Investment Amount | Frequency |
|---|---|---|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |

## BANK DETAILS

**Payment by cheque is not accepted.** Funds should be transferred and paid in the Class Fund's currency using the banking details listed below:

| Currency | Account holding bank | | Account number | |
|---|---|---|---|---|
| Sterling (GBP) | Bank Name: | Bank of New York Mellon, London | Account Name: | STANLIB Subs and Reds |
| | SWIFT: | IRVTGB2X | Account Number: | 54756360 |
| | Sort-Code: | 70-02-25 | Address: | One Canada Square, Canary Wharf, London |
| | IBAN: | GB53IRVT70022554756360 | | |
| US Dollars (USD) | Bank Name: | Bank of New York Mellon, New York | Account Name: | STANLIB Subs and Reds |
| | SWIFT: | IRVTUS3N | Account No: | 8901158895 |
| | ABA Number: | 021000018 | Address: | 101 Barclay Street, New York, NY 10286, United States |
| Euro (EUR) | Bank Name: | Bank of New York Mellon, Frankfurt | Account Name: | STANLIB Subs and Reds |
| | SWIFT: | IRVTDEFX | Account Number: | 7714069711 |
| | IBAN: | DE50503303007714069711 | Address: | MesseTurm, Friedrich-Ebert-Anlage 49, 60308 Frankfurt am Main, Germany |

**Please ensure funds are transferred and paid in the Class Fund's currency and please note that third party payments are not permitted.**

## FATCA/CRS DECLARATION

Intergovernmental tax information exchange agreements exist between Jersey and USA, UK, South Africa and countries who have adopted the Common Reporting Standards. Personal account holders should expect that their personal and account information will be exchanged with the Jersey tax authority and thereafter any tax authority in which they have tax residence. **Note: Each Applicant is to complete the Citizenship and Tax details sections in full.**

## FIRST APPLICANT

### CITIZENSHIP DETAILS

ARE YOU A SOUTH AFRICAN CITIZEN?  ☐ YES  ☐ NO   IF YES, PLEASE PROVIDE YOUR IDENTITY NUMBER  [____]

ARE YOU A USA CITIZEN?  ☐ YES  ☐ NO

### TAX DETAILS

ARE YOU A REGISTERED TAX PAYER?  ☐ YES  ☐ NO

ARE YOU A REGISTERED TAX PAYER IN THE USA?  ☐ YES  ☐ NO

ARE YOU A REGISTERED TAX PAYER IN MULTIPLE COUNTRIES?  ☐ YES  ☐ NO

If 'YES', to any of the above, please list all countries **(including South Africa)** in which you are resident for tax purposes and provide the associated tax identification numbers in the table below. By ticking '**Not Applicable'** you confirm that the country specified does not issue a Tax Identification Number.

| Country(ies) of Tax Residency | Tax Identification Number | Not Applicable |
|---|---|---|
| 1. | | ☐ |
| 2. | | ☐ |
| 3. | | ☐ |

## SECOND APPLICANT

**\*Additional forms for applicants three and four may be requested from offshorequeries@stanlib.com**

### CITIZENSHIP DETAILS

ARE YOU A SOUTH AFRICAN CITIZEN?  ☐ YES  ☐ NO   IF YES, PLEASE PROVIDE YOUR IDENTITY NUMBER  [____]

ARE YOU A USA CITIZEN?  ☐ YES  ☐ NO

### TAX DETAILS

ARE YOU A REGISTERED TAX PAYER?  ☐ YES  ☐ NO

| | YES | | NO |
|---|---|---|---|
| ARE YOU A REGISTERED TAX PAYER IN THE USA? | ☐ | | ☐ |
| ARE YOU A REGISTERED TAX PAYER IN MULTIPLE COUNTRIES? | ☐ | | ☐ |

If 'YES', to any of the above, please list all countries **(including South Africa)** in which you are resident for tax purposes and provide the associated tax identification numbers in the table below. By ticking '**Not Applicable'** you confirm that the country specified does not issue a Tax Identification Number.

| Country(ies) of Tax Residency | Tax Identification Number | Not Applicable |
|---|---|---|
| 1. | | ☐ |
| 2. | | ☐ |
| 3. | | ☐ |

## THIRD APPLICANT

### CITIZENSHIP DETAILS

| | YES | | NO | | |
|---|---|---|---|---|---|
| ARE YOU A SOUTH AFRICAN CITIZEN? | ☐ | | ☐ | IF YES, PLEASE PROVIDE YOUR IDENTITY NUMBER | |
| ARE YOU A USA CITIZEN? | ☐ | | ☐ | | |

### TAX DETAILS

| | YES | | NO |
|---|---|---|---|
| ARE YOU A REGISTERED TAX PAYER? | ☐ | | ☐ |
| ARE YOU A REGISTERED TAX PAYER IN THE USA? | ☐ | | ☐ |
| ARE YOU A REGISTERED TAX PAYER IN MULTIPLE COUNTRIES? | ☐ | | ☐ |

If 'YES', to any of the above, please list all countries **(including South Africa)** in which you are resident for tax purposes and provide the associated tax identification numbers in the table below. By ticking '**Not Applicable'** you confirm that the country specified does not issue a Tax Identification Number.

| Country(ies) of Tax Residency | Tax Identification Number | Not Applicable |
|---|---|---|
| 1. | | ☐ |
| 2. | | ☐ |
| 3. | | ☐ |

## FOURTH APPLICANT

**\*Additional forms for applicants three and four may be requested from offshorequeries@stanlib.com**

### CITIZENSHIP DETAILS

| | YES | | NO | | |
|---|---|---|---|---|---|
| ARE YOU A SOUTH AFRICAN CITIZEN? | ☐ | | ☐ | IF YES, PLEASE PROVIDE YOUR IDENTITY NUMBER | |
| ARE YOU A USA CITIZEN? | ☐ | | ☐ | | |

### TAX DETAILS

| | YES | | NO |
|---|---|---|---|
| ARE YOU A REGISTERED TAX PAYER? | ☐ | | ☐ |
| ARE YOU A REGISTERED TAX PAYER IN THE USA? | ☐ | | ☐ |
| ARE YOU A REGISTERED TAX PAYER IN MULTIPLE COUNTRIES? | ☐ | | ☐ |

If 'YES', to any of the above, please list all countries **(including South Africa)** in which you are resident for tax purposes and provide the associated tax identification numbers in the table below. By ticking '**Not Applicable'** you confirm that the country specified does not issue a Tax Identification Number.

| Country(ies) of Tax Residency | Tax Identification Number | Not Applicable |
|---|---|---|
| 1. | | ☐ |
| 2. | | ☐ |
| 3. | | ☐ |

## APPLICATION PAYMENT BANK DETAILS

Please indicate where the monies are being paid or transferred from. Please note that STANLIB Fund Managers Jersey Limited does not accept third party payments.

| | |
|---|---|
| BANK NAME | |
| BRANCH | SWIFT/SORT/BRANCH CODE |
| ADDRESS | |
| | |
| ACCOUNT NUMBER | |
| ACCOUNT NAME | |
| SOURCE OF FUNDS | |
| SOURCE OF WEALTH | |

**Note:** Please ensure all payment instructions are sent directly to the transferring bank and not to STANLIB. STANLIB will take no responsibility for forwarding any original payment instructions received with the application.

## REDEMPTION PAYMENT BANK DETAILS

Please indicate where you will require proceeds to be sent to on withdrawal. Please note that proceeds will be sent by Electronic Bank Transfer. STANLIB Fund Managers Jersey Limited does not make third party payments.

| | |
|---|---|
| BANK | |
| BRANCH | SWIFT/SORT /BRANCH CODE |
| ADDRESS | |
| | |
| | |
| ACCOUNT NUMBER | |
| ACCOUNT HOLDER'S ID NUMBER | |
| ACCOUNT NAME | |

## INVESTOR SIGNING AUTHORITY

FOR JOINT ACCOUNTS, PLEASE TICK THE BOX IF YOU WISH THE MANAGER TO ACCEPT INSTRUCTIONS FROM ANY ONE PARTY. IF THE BOX IS NOT TICKED, ALL PARTIES WILL BE REQUIRED TO EXECUTE ALL INSTRUCTIONS GIVEN TO THE MANAGER  ☐ YES

**If you wish for any other specific instructions to apply, please provide a separate instruction with this application form**.

## VALUATIONS

Please tick the currency in which you would like to receive your valuations. **If no currency is selected, we will default to SA RAND.**

CURRENCY FOR VALUATIONS  ☐ USD  ☐ GBP  ☐ EUR  ☐ SA RAND

## SIGNATURES AND DECLARATIONS

I/We understand that this application is subject to the current Prospectus of the funds, as amended from time to time. I/We confirm that I/We have read and understand the relevant Prospectus pertaining to this investment. I/We warrant that the information contained herein is true and correct, and that, where this application is signed in a representative capacity, I/we have the necessary authority to do so and that this transaction is within my/our power.

I/We confirm that I/we are contracting as principal with the relevant fund (acting through the Manager as appropriate). I/We declare that the entity is not incorporated in the United States of America and that I/We are not holding and will not hold shares in the fund(s) for or on behalf of an individual or individuals so resident or a US person or persons. ('U.S. Person" is defined in the Prospectuses). I/We acknowledge and understand that the funds are for unit holders/shareholders who understand the inherent risks associated with such investments.

I/We acknowledge and agree that the Manager, at their absolute discretion, have the right to refuse any application for shares/units in whole or in part without providing an explanation in line with the legislative and regulatory requirements. I/We confirm that I/we will provide all the details and documentation requested in accordance with the Managers KYC Due Diligence requirements as detailed in the relevant Prospectus pertaining to this investment. I/We also agree and authorise you to make any enquiries you deem necessary in order to verify the information contained in this application. I/We acknowledge that the contract note evidencing the issue of units/shares to me/us will not be issued until all documentary evidence requested by the Manager in order to fulfil its obligations pursuant to applicable Anti Money Laundering legislation has been provided to the Managers satisfaction. I/We acknowledge that the Manager may not be able to effect a redemption request if documentary evidence relevant to that investment as requested by the Manager in order to fulfil its obligations pursuant to applicable Anti Money Laundering legislation in Jersey has not been provided. I/We agree that the Manager will not be liable for any losses suffered, (for example as a consequence of losses on redemption) by me/us due to any delay in obtaining documentation it requires from me/us. I/We warrant that all funds invested with STANLIB Fund Managers Jersey Limited are not the proceeds of unlawful activities and warrant that I/we have not contravened any anti-money laundering legislation and regulation applicable to me/us.

Electronic transfer of information and in particular, e-mail communication cannot be guaranteed to be secure or virus or error free. It can be intercepted, lost, corrupted and be delivered late or incomplete. By signing this application I/We accept the risks of such communication and hereby authorise electronic communication between us in the full knowledge and understanding of all the risks associated with e-mail communication. I/We agree to adopt reasonable procedures to check for and prevent the transmission of viruses prior to sending information electronically. I/We shall each be responsible for protecting our own systems and interests in relation to communicating electronically and neither the Manager or me/us (and in each case their respective directors, partners, employees, agents or servants and trustees) shall have any liability to each other on any basis (including negligence) in respect of any error, damage or loss or omission arising from or in connection with the electronic communication of information between us and the Managers/Administrators reliance upon such information. I/We confirm that I/we have read and understood the declarations as per this application form and agree to be bound by them, prior to completing this form.

Stamp duty in cases of grant of probate or administration

(1) Where a deceased person was, at the time of his or her death, domiciled in Jersey, stamp duty payable under this Law in respect of the net value of his or her personal estate shall be payable in respect of the net value of such estate wherever situated.
(2) Where a deceased person was, at the time of his or her death, domiciled outside Jersey and is a sole applicant, stamp duty payable under this Law in respect of the net value of his or her personal estate shall be payable in respect of the net value of such estate within the jurisdiction of the Court.

Grant of Probate

I/We understand that applicants are not subject to any death duties, capital gains, gift, inheritance, capital transfer or income taxes in Jersey. No stamp duty is levied in Jersey on the transfer, redemption or conversion of Units. However, I/We understand Jersey probate or letters of administration must usually be obtained on the death of an individual sole applicant (unless assets in Jersey have an aggregate value of less than £30,000) and stamp duty of up to 0.75% is payable on their respective registrations.

Under Jersey Law, where there is a joint holder, in the event of one party passing away, on receipt of a certified Death certificate the units revert to the surviving holder(s). No Jersey Grant of Probate is required.

As a potential subscriber for shares/units, you should inform yourself as to (a) the possible tax consequences (b) the legal requirements and (c) any foreign exchange restrictions or exchange control requirements which might apply under the laws of the countries of your citizenship, residence or domicile and which might be relevant to the subscription, holding or disposal of shares/units.

I/We acknowledge that advisory fees are paid exclusive of VAT, meaning where a South African advisor is registered for VAT, the VAT levied will be deducted from the clients investment in addition to the fees agreed between ourselves and the client. Currently this approach relates only to Standard Bank Global GoalStandard FoFs. For the other offshore fund ranges I/We acknowledge that trail fees are paid inclusive of VAT, meaning where a South African advisor is registered for VAT, the VAT levied is included in the fee payable to the advisor out of the fund's annual management charge. I/We also acknowledge initial fees are paid inclusive of VAT.

I/We confirm that I/we understand the risk profile of these investments and that it is my/our obligation to familiarise myself/ourselves with and accept the risks associated with these investments. I/We acknowledge that my/our personal and account information will be exchanged with the Jersey tax authority and thereafter any tax authority in which I/We have tax residence. The mandate over the holding is that notified to the Manager on this application, or subsequently received in writing.

| SIGNATURE OF FIRST HOLDER/ AUTHORISED SIGNATORY | | DATE | | | - | | - | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | D | D | | M | M | | Y | Y | Y | Y |

| SIGNATURE OF SECOND HOLDER/ AUTHORISED SIGNATORY | | DATE | | | - | | - | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | D | D | | M | M | | Y | Y | Y | Y |

| SIGNATURE OF THIRD HOLDER/ AUTHORISED SIGNATORY | | DATE | | | - | | - | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | D | D | | M | M | | Y | Y | Y | Y |

| SIGNATURE OF FOURTH HOLDER/ AUTHORISED SIGNATORY | | DATE | | | - | | - | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | D | D | | M | M | | Y | Y | Y | Y |

## INTERMEDIARY DECLARATION

I/We, the Intermediary hereby confirm that I/We have satisfied myself/ourselves as to the identity of the Applicant(s) and that I/We attach all the relevant certified KYC documentation to this form.

I/We acknowledge that for higher risk business further AML/CDD documentation may be requested. I/We also acknowledge that where scanned documentation is unclear, originals will be made available to the Manager or Administrator before the deal is captured.

I/We hereby confirm that where the applicant is not resident in South Africa, the application has been made based on client instruction. I/We also confirm that any advice provided has been done in accordance with the Cross Border Guidelines.

**I/We confirm that I/We have made the applicant(s) aware of the Group's Offshore Banking capabilities and have made the appropriate direct referral as necessary.**

SIGNATURE OF INTERMEDIARY          DATE

SIGNED AT          STANLIB ONLINE ID

BROKER NAME          OFFSHORE BROKER CODE