



STONEHOUSE  
CAPITAL

STANLIB

## Withdrawal Form

Classic Investment Plan, STANLIB Linked Investments Tax-Free Savings Plan, Maturelink and Multivest

### CLIENT DETAILS

ENTITY / INVESTMENT ACCOUNT NUMBER																								
NAME/S																								
SURNAME / NAME OF LEGAL ENTITY																								
IDENTITY / PASSPORT/REGISTRATION NUMBER																								
CELLPHONE NUMBER													IS THIS A NEW CONTACT DETAIL	<input type="checkbox"/>	YES									
EMAIL ADDRESS													IS THIS A NEW CONTACT DETAIL	<input type="checkbox"/>	YES									

### CONTACT DETAILS FOR THIS TRANSACTION:

PLEASE CONTACT: ☐ CLIENT OR ☐ FINANCIAL ADVISER

### REDEMPTION DETAILS

SELECT THE PRODUCT	<input type="checkbox"/> CLASSIC INVESTMENT PLAN	<input type="checkbox"/> MATURELINK	<input type="checkbox"/> MULTIVEST	<input type="checkbox"/> STANLIB LINKED INVESTMENTS TAX-FREE SAVINGS PLAN
TYPE OF REDEMPTION	<input type="checkbox"/> PART REDEMPTION	<input type="checkbox"/> FULL REDEMPTION		
CANCEL THE DEBIT ORDER	<input type="checkbox"/> YES	<input type="checkbox"/> NO		

Portfolio Name	Portfolio Range	Amount	% of Units
		R	%
		R	%
		R	%
		R	%
		R	%
		R	%
		R	%
		R	%

TOTAL AMOUNT R

AMOUNT IN WORDS

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### BANKING DETAILS FOR PAYMENTS

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																									





## DECLARATION \*

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/We 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/our behalf until all such documentation has been provided.

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.

SIGNATURE OF CLIENT /  
AUTHORISED SIGNATORY \*

DATE \*

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D		M	M		Y	Y	Y	Y

SIGNED AT

SIGNATURE OF FINANCIAL ADVISER

DATE

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D		M	M		Y	Y	Y	Y

SIGNED AT

**\*Compulsory Section**

