## **BANK DETAILS REQUEST FORM**



In order to comply with your recent instruction, you must complete the sections below and return the signed form together with any supporting documentation requested to SanlamTAinstruction@ntrs.com

If changes are to be applied to specific funds, please specify, otherwise the changes notified on this document will take effect for redemption & dividend payments across the entire holding in all funds administered by Northern Trust Fund Administration Services (Ireland) Limited.			Please indicate which payment type this instruction relates to:		
Register No	Fund Name	Redemption Payments	Dividend Payments	Both	
		Tick	Tick	Tick	
		Tick	Tick	Tick	
	NEFICIARY BANK ACCOUNT		•	<u> </u>	
	Where your bank account is	held in joint names, additional documentation may be required.			
Currency	Vac an Na	Lawring Abia anaking bland annu land kan			
Multi-currency bank account (Yes or No)		Leaving this section blank may lead to a d	aving this section blank may lead to a delay in payment		
Beneficiary Ban	_				
Beneficiary BIC/					
Beneficiary SOR					
Beneficiary Acco	ount Number				
IBAN					
Beneficiary Acco					
Reference Code	•				
Beneficiary Bank Address					
·	Code (if applicable)				
		UNT DETAILS (where applicable)			
Correspondent Bank Name Correspondent BIC/SWIFT Code					
Correspondent S	SORT Code				
Correspondent Account Number					
IBAN					
Correspondent /	Account Name				
Reference Code	/ FFC				
Correspondent I	Bank Address				
Correspondent /	ABA Code (if applicable)				
SECTION C - BAN	IK EVIDENCE REQUIREMEN	TS .			
SUPPORTING D	OCUMENTATION MUST BE	SUBMITTED - ONE of the below (dated no older than the last 6 months).			
Original or PDF printed bank statements on headed paper showing the investor's name and account details		ents on headed paper showing the investor's name and account details	Tio	ck	
Any printed correspondence from the bank which confirms the investor's account name and account details (opening documents, annual certificate of tax etc.)			nt Tio	ck	
SECTION D - AU1	THORISED SIGNATORIES				
Authorised sign • Where m	atories apply as per docum ultiple signatures are requ	this document the authorised signatory/ies must sign below. nents held by Northern Trust International Fund Administration Services (Ireland) Ltd ired - 2 authorised signatories in accordance with the signatory list on record es – the signatory in accordance with the original subscription document	– on the follo	wing basis:	
Authorised S	Signatory	Authorised Signatory			
Printed Nam		Printed Name			

Northern Trust International Fund Administration Services (Ireland) Limited, Transfer Agency, 2<sup>nd</sup> Floor, Block A, City East Plaza, Towlerton, Ballysimon, Limerick, Ireland V94 X2N9

Date

Phone: +353 1 434 5142 or Toll Free from South Africa: 0800004579 Fax: +353 1 553 9447 or email: Sanlam.ta@ntrs.com

Date