

Investments

Sanlam Income Fund Change of Details Form

Name:		Member No:		Date:	
Details to change (tick applicable) Contact Details Bank Account Details Signatories					
	New	Contact Detai	ls -		
Mobile No.:					
Email Address:		Physical Ac	Postal Address:		
Email Address.			Fostal Address.		
New Bank Account Details					
Bank Name:			Bank Branch:		
A/C Name:			A/C Number:		
Please provide proof of banking details i.e., Copy of a valid ATM card with the account number or bank statement or cancelled cheque.					
New Signatories Details					
	Signatory 1	Si	gnatory 2	Si	gnatory 3
Surname					
Other Name(s)					
Date of Birth					
ID / Passport No.					
Nationality					
Country of Residence					
TIN No.					
Mobile No.					
Email Address					
Position					
Signature					
New signatories to provide KYC documentation (National ID / Passport copy, TIN certificate, passport size photo)					
		Authorization			
I/We warrant that I am/we	are duly authorized to si	ign this change o	f details form and t	hat all infor	mation provided
herein is true and correct.					
Signature:		Name:			
Signature:		Name:			
Signature:		Name:			
- · J · · d · · · · · · · · · · · · · · · · · · ·		Name.			

Sanlam Investments East Africa Limited:

Africa Re Centre, 5th Floor, Hospital Rd, P.O Box 67262, 00200 Nairobi, Kenya Website: www.sanlameastafrica.com Contact Information:

For Official Use hereby confirm that I have checked the identity of the client and attach all their relevant verified/certified documentation of this change of details form. Signature: _ Date: Reviewed by: _____ Signature: _____ Date: