

Investments

Sanlam Unit Trust Change of Details Form

Name:		Member No:		Date:	
Details to change (tick appl	licable) Contact Detail	ls Ba	ank Account Detail	s	Signatories
	New	Contact Detai	ils		
Mark the Mar	11011				
Mobile No.:		Physical Ac			
Email Address:			Postal Address:		
New Bank Account Details					
Bank Name:			Bank Branch:		
A/C Name:			A/C Number:		
Please provide proof of banking of	details i.e., Copy of a valid A	TM card with the acc	count number or bank	statement or	cancelled cheque.
New Signatories Details					
0	Signatory 1	Si	gnatory 2	Sig	gnatory 3
Surname Other Name(s)					
Other Name(s) Date of Birth					
ID / Passport No.					
Nationality Country of Regidence					
Country of Residence PIN No.					
Mobile No.					
Email Address					
Position					
1 OSITION					
Signature					
New signatories to provide KYC documentation (National ID / Passport copy, PIN certificate, passport size photo)					
		Authorization)
I/We warrant that I am/we a	re duly authorized to si	gn this change o	f details form and t	hat all infor	mation provided
herein is true and correct.					
Signature:		Name:			
Signature:		Namai			
oignature		Name:			
Signature:		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: