

## **Unit Trust Declaration to Confirm Residential Address Form**

Reside	ent, Homeowner or Parent				
	it the completed form to:		Fav	044 202 0455	
E-maii	UTinstructions@satrixsupport.	<u>co.za</u>	Fax	011 263 6155	
If you	have any questions, contact u	s at:			
Tel	0860 111 401		E-mail	unittrusts@satrix	<u>.co.za</u>
Impo	rtant information				
• Com	nformation on this form is compulable this form if you are unable u reside with another person; or u reside in another person's propulation.	to provide an acce	eptable utility bill a	s proof of residenc	ce due to the following:
	vestor details s are compulsory)				
Investo	or code		(only if existing inv	estor)	
Title					
Full na	me(s) and surname				
Identity	number / Passport number				
Passpo	ort expiry date	(ddmmccyy)			
Reside	ential address				
					Postal code
Signati	ure of investor			Date	(ddmmonus)

## 2. Details of Resident/Home Owner (all fields are compulsory)

Full name(s) and surname						
Identity number / Passport number	Passport expiry date (de	dmmccyy)				
I hereby confirm that the Investor resides with me at the above address.						
I hereby confirm that the Investor resides	on my property.					
My relationship to the Investor is						
I attach a copy of acceptable proof of add	ress (not older than 3 months) and a copy of my identity document as verifi-	cation.				
Signature of resident / home owner	Date (d	dmmccyy)				

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