

## ABSA FUND LINKED NOTE

### WITHDRAWAL FORM

#### IMPORTANT INFORMATION

- Please send this form and all associated documents directly to the Administrator (by email only) to the following email address:  
**instructions@itransact.co.za**
- Automated Outsourcing Services (Pty) Ltd, trading as Itransact is an authorised Financial Services Provider (FSP 650) and is the Administrator of this product.
- The responsibility of transmitting the documents to the Administrator lies with the sender.
- No form will be considered complete without all the required fields being completed and the required supporting documentation being submitted. The Administrator reserves the right to reject any application and or instruction at any time due to incomplete or insufficient documentation and information.
- It is important that you have read and understood all the latest product media, terms and conditions associated to this product before you sign this form, all of which are available from the Administrator whose details are provided at the end of this form.**

#### SECTION 1: INVESTOR DETAILS

Investor Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name (or Trading Name if a Legal Entity)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Surname

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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If any of your contact details have changed since your initial investment, please provide updated details in the spaces below.

Cell Phone Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Other Contact Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Email Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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#### SECTION 2: WITHDRAWAL INSTRUCTION

- ☐ Close my investment account and pay the full proceeds into my bank account on record
- ☐ Partial withdrawal and pay proceeds into my bank account on record
- ☐ Partial withdrawal and reinvest into a new product (You are required complete a new product application form and submit it together with this instruction)
- ☐ Full withdrawal and reinvest into a new product (You are required complete a new product application form and submit it together with this instruction)

PRODUCT NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Stock Code

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Amount to be withdrawn

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**Note:** You are responsible for obtaining your own professional advice about the consequences of withdrawing from a fund linked note. Specifically, you must be aware that as a result of a withdrawal, you may or may not incur a tax liability. It is your responsibility to declare all tax liabilities to the relevant authority.

### SECTION 3: INVESTOR BANK DETAILS

This bank account must be a South African bank account in the name of the investor or the investor's legal guardian in the case of a minor.

Name of Account Holder

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Name of Bank

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Branch Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Branch Code

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account Type

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

### SECTION 4: INVESTOR DECLARATION

1. The latest terms and conditions associated to this product are applicable. The Investor is responsible for ensuring that he/she/it has read and understood them. A copy of these terms and conditions may be requested from the administrator.
2. If the market value of the securities held will fall below R100 000, as a result of this transaction, a full redemption of all securities held by the Investor will automatically be processed.
3. The Investor confirms that all statements made and information provided on this form are correct.

\_\_\_\_\_

Date (ddmmyyyy)

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**Signature of Investor or duly authorised person**

Print Initials and Surname

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### SECTION 5: FINANCIAL SERVICES PROVIDER DECLARATION

1. The latest terms and conditions associated to this product are applicable. The Financial Service Provider is responsible for ensuring that he/she/it has read and understood them and explained them to the investor in full. A copy of these terms and conditions may be requested from the administrator.
2. The Financial Service Provider confirms that all statements made and information provided on this form are correct.

\_\_\_\_\_

Date (ddmmyyyy)

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**Signature of Authorised Financial Service Provider/Representative**

Print Initials and Surname

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## SECTION 6: FINANCIAL SERVICES PROVIDER DETAILS

### Financial Service Provider Details

Name of Financial Services Provider (The Company)



Telephone

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Facsimile

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Email



Tick the box if the details below are the same as the FSP details above ☐

Name of Financial Advisor/Representative



Telephone

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Cell

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Facsimile

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Email



## SECTION 7: ADMINISTRATOR CONTACT DETAILS

### Financial Advisor Support Centre

Telephone 086 143 2383 | Fax 086 743 6959 | Email [info@itransact.co.za](mailto:info@itransact.co.za)

### Investor Support Centre

Telephone 086 146 8383 | Fax 086 743 6959 | Email [investor@itransact.co.za](mailto:investor@itransact.co.za)

**[www.itransact.co.za](http://www.itransact.co.za)**