



Security Name

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

Total Debit Order

R

Security Name

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

Total Debit Order

R

Security Name

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

Total Debit Order

R

**3. Amend my current debit order date to;****Debit Order Date**

15th of the Month

25th of the Month

3rd of the Month

**4. Amend my current debit order investment intervals to;****Investment Intervals**

Monthly

Quarterly

**5. Amend my current annual escalation to;****Annual Increase**

0%

5%

10%

15%

20%

(Note that annual increases are limited to whole percentage increments only. No fractionalised percentage increments or monetary amounts will be accepted)

**6. Amend my current debit order bank account details with immediate effect as indicated below**

(This account must be a South African bank account.)

**Please include proof of bank account details with this form in the form of a copy of a cancelled cheque or current bank statement, not older than 3 months, which reflects the bank name, the account holder's full name and the bank account number. Please note that no credit card or Internet statements will be accepted.**

Name of Account Holder

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

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

Name of Bank

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

Account Number

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

Branch Name

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

Branch Code

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

Account Type

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

**Debit Order Authority**

- I/We hereby request, instruct and authorise Automated Outsourcing Services (Pty) Ltd, its successors or its assignees ("the Administrator") to draw against my/our account with the bank noted above (or any bank or branch to which I/we may transfer my/our account).
- I/We understand that all such withdrawals from my/our bank account shall be treated as though they have been signed by me/us personally.
- I/We agree to pay any bank charges and costs relating to the debit order authority, including debit order rejection fees.
- I/We acknowledge that I/we may cancel this authority by giving the Administrator not less than 10 business days' written notice.
- I/We agree that receipt of this instruction by the Administrator shall be regarded as receipt thereof by my/our bank.



**SECTION 5: FINANCIAL SERVICES PROVIDER DETAILS**

**Financial Service Provider Details**

Name of Financial Services Provider (The Company)


Telephone

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

Facsimile

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

Email


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

Name of Financial Advisor/Representative


Telephone

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

Cell

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

Facsimile

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

Email


**SECTION 6 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)