



SECURITIES INVESTMENT PLAN

DEBIT ORDER AMENDMENT FORM

SECTION 1: INVESTOR DETAILS

(To be completed by investors who wish to amend the current debit order details that are associated with their Securities Investment Plan account)

VERSION NUMBER 8.1

IMPORTANT INFORMATION

- 1. Please send this form and all associated documents directly to the Administrator by using the following email address **instructions@ itransact.co.za**
- 2. The responsibility of transmitting this form and all associated documents to the Administrator lies with the sender.
- 3. 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 form at any time due to incomplete or insufficient documentation and information.
- 4. Automated Outsourcing Services (Pty) Ltd, trading as Itransact is an authorised Financial Services Provider (FSP 650) and is the Administrator of this product.
- 5. 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.

Investor Number	
First Name or Trading Name (If a legal entity)	
Surname	
If any of your contact details have changed since your i	nitial investment, please provide updated details in the spaces below.
Cell Phone Number	
Other Contact Number	
Email Address	
SECTION 2: AMENDMENT DETAILS	
Minimum Recurring Contribution R150.00 (per Securi	ity) t debit order instruction with immediate effect as follows:
Thereby instruct the administrator to amend my curren	t debit order instruction with infinediate effect as follows.
1. Cancel my debit order on the following securities.	
Security Name	



2. Amend my current debit order on the following securities.

	Security Name																		
			Tota	l Del	oit O	rder		R											
	Security Name																		
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	Security Name																		
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	Security Name																		
			Tota	l Del	oit O	rder		R											
3.	Amend my current debit order date	to;																	
	Debit Order Date	3 rd of the Montl	n [15 th (of th	е Мо	onth			25	th of	the N	Mont	h [
4.	Amend my current debit order inve	stment intervals	s to;																
	Investment Intervals	Monthly	/			()uar	terly											
5.	Amend my current annual escalation	n to;																	
	Annual Increase			0	%		5	5%] 10	%] 15	5%			20%		
	(Note that annual increases are limit monetary amounts will be accepted)		enta	ge in	icren	ment	s on	ly. No	o fra	ctior	nalise	ed pe	ercer	ntag	e inc	rem	ents	or	
6.	Amend my current debit order bank	caccount details	s witl	h imı	med	iate	effe	ct as	indi	cate	d be	low							
	(This account must be a South Africa	an bank account	.)																
no	ease include proof of bank account do t older than 3 months, which reflects at no credit card or Internet statemen	the bank name,	the a										-						
Na	me of Account Holder																		
Na	me of Bank																		
Aco	count Number																		
Bra	anch Name																		
Bra	anch Code																		
Aco	count Type																		

Debit Order Authority

- 1. 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).
- 2. 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.



- 3. I/We agree to pay any bank charges and costs relating to the debit order authority, including debit order rejection fees.
- 4. I/We acknowledge that I/we may cancel this authority by giving the Administrator not less than 10 business days' written notice.
- 5. I/We agree that receipt of this instruction by the Administrator shall be regarded as receipt thereof by my/our bank.
- 6. I/We acknowledge that in order to activate the debit order, the Administrator must receive the debit order amendment form at least 10 business days prior to the first debit order date.

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Signature of Bank Account Holder																	•	_
Print Initials and Surname																		L
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SECTION 3: TERMS & CONDIT	IONS AND	· IN	VE	STO	OR I	DEC	CLA	ARA	TIC	N								
The latest terms and conditions assort it has read and understood them. A The Investor confirms that all statem	copy of these t	erms	s an	d co	nditi	ons r	nay	be re	que	sted	froi	m the					at he	/sh
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SECTION 4: FINANCIAL SERV I. The latest terms and conditions assoc that he/she/it has read and underst may be requested from the administ The Financial Service Provider confirmation.	ciated to this prood them and trator.	oduc expla	ct are	e apı	olicak em t	ole. T o the	he F e inv	inano esto	cial S in f	ervio ull. A	ce P	rovid by of	er is thes	respo se ter	ms a	and (
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SECTION 4: FINANCIAL SERV I. The latest terms and conditions associated that he/she/it has read and understimay be requested from the administration.	ciated to this pr ood them and trator. rms that all stat	oduc expla	et are aine	e apped the	olicak em t	ole. To the	he F inv orm	inano esto	cial S in fo	ervided	ce P	rovid by of	er is thes	respo se ter	ms a	and (



SECTION 5: FINANCIAL SERVICES PROVIDER DETAILS (IF APPLICABLE)

Financial Service Provider Details	
Name of Financial Services Provider (The Company)	
Cell Phone Number	
Other Contact Number	
Email Address	
Tick the box if the details below are the same as the FSP det	etails above
Name of Financial Advisor/Representative	
Cell Phone Number	
Other Contact Number	
Email Address	

SECTION 6: ADMINISTRATOR CONTACT DETAILS

Financial Advisor Support Centre

Telephone 086 143 2383 | Fax 086 743 6959 | Email info@itransact.co.za

Investor Support Centre

Telephone 086 146 8383 | Fax 086 743 6959 | Email investor@itransact.co.za

www.itransact.co.za

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