SIP 06

itransact
Investment Platform

SECURITIES INVESTMENT PLAN

CSDP TRANSFER FORM
(To be completed by investors who wish to transfer securities out of their Securities Investment Plan account to another Central Securities Depository Participant)

VERSION 8.1

IMPORTANT INFORMATION

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

SECTION 1: INVESTOR DETAILS

Investor Number

First Name or Trading Name (If a legal entity)

Surname

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

SECTION 2: TRANSFER DETAILS

I/We hereby request the administrator to transfer securities from my/our account as follows:

Name Of Institution Transfering To

Full Names Of Contact Person

Contact Persons Telephone Number

SIP 06

From Portfolio Number	Security Name	Amount	Or Units	Or	%
		R			
		R			
		R			
		R			
		R			

(Note that securities purchased by debit orders are subject to a 40 day holding period before they can be transferred)

SECTION 3: 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. The Investor confirms that all statements made and information provided on this form are correct.

Date (ddmmyyyy)

Signature of Investor or duly authorised person/s for minor investors

Print Initials and Surname

Date (ddmmyyyy)

Signature of Investor or duly authorised person/s for minor investors

Print Initials and Surname

SECTION 4: FINANCIAL SERVICES PROVIDER DECLARATION (IF APPLICABLE)

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)

Signature of Authorised Financial Service Provider/Representative

Print Initials and Surname

sip06_csdp transfer_v8_1

SIP 06

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 details 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