SIP 07

SECURITIES INVESTMENT PLAN

TRANSFER FORM

(To be completed when transferring securities held under a Securities Investment Plan account to another investor who has or will open a Securities Investment Plan account.))

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. Lump sum investments will only be processed upon proof of deposit of funds into the relevant inflow bank account associated with this product and receiving all the relevant documentation.
6. **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

Select either amount or percentage

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

TRANSFER 01

FROM

Portfolio Number	Security Name	Amount	%
		R	%

TO

Portfolio Number	Investor Number

TRANSFER 02

FROM

Portfolio Number	Security Name	Amount	%
		R	%

TO

Portfolio Number	Investor Number

TRANSFER 03

FROM

Portfolio Number	Security Name	Amount	%
		R	%

TO

Portfolio Number	Investor Number

TRANSFER 04

FROM

Portfolio Number	Security Name	Amount	%
		R	%

TO

Portfolio Number	Investor Number

Please note that:

- If the investor to whom securities are being transferred does not have an existing client/portfolio number under the Securities Investment Plan, then a Securities Investment Plan New Business Application Form, completed by that investor, is required in addition to this transfer form.
- There is a 40 day holding period on all securities bought by debit order.

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

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

Date (ddmmyyy) ☐☐☐☐☐☐☐☐

Print Initials and Surname

Date (ddmmyyy)

Signature of third party applicant or authorised representative of a legal body (if applicable)

Print Initials and Surname

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 (ddmmyyy)

Signature of Authorised Financial Service Provider/Representative

Print Initials and Surname

SECTION 6 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 7 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