



SECURITIES INVESTMENT PLAN PORTFOLIOS

DEBIT ORDER AMENDMENT FORM

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

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. 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.
- 5. Automated Outsourcing Services (Pty) Ltd, trading as Itransact is an authorised Financial Services Provider (FSP 650) and is the Administrator of this product.
- 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 initia	al inv	est	mer	nt, p	lea	se	pro	vio	de u	ıpc	ate	ed d	etai	ls in	the	spac	es l	oelo	ow.	
Cell Phone Number																				
Other Contact Number																				
Email Address																				
SECTION 2 AMENDMENT DETAILS																				
AMENDMENT DETAILS																				
Minimum Recurring Contribution R300.00 (per Security) I hereby instruct the administrator to amend my current de		rde	r ins	tru	-tio	n w	vitl	n im	nm	adi:	ate	effe	ect a	s fo	llow	ς.				
Thereby instruct the daministrator to amena my current de	.DIC O	100		, ci a		/11 V	V 1 C 1			can	100	CIT		5 10		٠.				
1. Cancel my debit order on the following securities.																				
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Portfolio Name Portfolio Name Portfolio Name Portfolio Name 2. Amend my current debit order on the following secur	Tota		ebit	Orc	ler	R														



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			Total Debit Order R																
	Portfolio Name																		
			Tota	l Deb	oit O	rder	R												
	Portfolio Name																		
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3.	Amend my current debit order date to;																		
	Debit Order Date	3rd of the Mo	nth				15	5th o	f the	Mor	nth			2	5th c	of the	e Moi	nth	
4.	Amend my current debit order investme	nt intervals to	;																
	Investment Intervals	Mont			Qı	ıarte	rlv												
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5.	Amend my current annual escalation to;					ı		7			1			1			1		
	Annual Increase	1	0%			5%		1	0%]	15%] 2	20%				
	(Note that annual increases are limited to monetary amounts will be accepted)	whole percent	age	incre	mer	its or	nly. I	No fr	actio	onali	sed _l	oerc	enta	ge in	cren	nent	s or		
6.	Amend my current debit order bank acco	ount details wi	ith in	nmed	diate	e effe	ect a	as inc	dicat	ted b	elov	N							
	(This account must be a South African ba	nk account.)																	
no	ease include proof of bank account detail t older than 3 months, which reflects the at no credit card or Internet statements w	bank name, th	e ac				_	-				_							-
Na	me of Account Holder																		
Na	me of Bank																		
Ac	count Number																		
Bra	anch Name																		
Bra	anch Code																		
Ac	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.

PLEASE NOTE THAT THE DEBIT ORDER INSTRUCTION WILL BE ACCEPTED UPON THE SIGNING OF THIS AUTHORITY BY THE BANK ACCOUNT HOLDER.

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Signa	ture of Bank Account Holder						_						_					
Print I	nitials and Surname																	
SEC	TION 3 TERMS & CONDITIONS AN	ID IN	IV	ESTO	OR I	DEC	:L	AR/	TIO	N								
1. 2.	The latest terms and conditions associated to this it has read and understood them. A copy of these The Investor confirms that all statements made at	e terms	ar	nd con	ditior	ns ma	ay k	oe red	queste	ed fro	om tl	he a				at he	e∕she	э/
Signa	ture of Investor or duly authorised person/s for m	inor in	ves	stors		Da	ate	(ddm	ımyyy	')								
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Print Initials and Surname		<u>_</u>									<u></u>					\sqsubseteq	\perp	
Signa	ture of Investor or duly authorised person/s for m	inor in	ve:	stors		Da	ate	(ddm	ımyyy	")								
Print I	nitials and Surname																	
SEC	TION 4 FINANCIAL SERVICES PRO	VIDI	ER	DEC	CLA	RA	TIC	ON										
1.	The latest terms and conditions associated to the that he/she/it has read and understood them are be requested from the administrator. The Financial Service Provider confirms that all	nd expl	lain	ned the	em to	the i	nve	estor	n full.	A cc	ру о	of the	ese te	rms a	and o	condi		_
						Da	ate	(ddm	ımyyy	')								
Signa	ture of Authorised Financial Service Provider/Rep	resen	tat	ive		,												
Print I	nitials and Surname																	
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Financial Service Provider Details

SECTION 5: FINANCIAL SERVICES 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

Investor Support Centre

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

www.itransact.co.za