



SECURITIES INVESTMENT PLAN PORTFOLIOS

SWITCH FORM

(To be completed by investors who wish to switch from one security to another within their Securities Investment Plan account)

IMPORTANT INFORMATION

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

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

From (Portfolio Name)	Rand Amount	Or %	To (Portfolio Name)	Switch Debit Order	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Please note that transaction fees are charged on both the buy and sell legs of this transaction.

- A Stock Broker Fee which is currently set at 0.08% of the value of the transaction (excluding VAT) shall be charged by the brokerage through which the transaction is conducted for all purchase and sale transactions.
- A nominal fixed Investor Protection Levy shall be charged by the Johannesburg Stock Exchange for all purchase and sale transactions.
- A nominal STRATE fee shall be charged by STRATE on all purchase and sale transactions.
- All fees quoted are exclusive of VAT.

(Note that capital gains tax may arise from the sale of securities resulting from switching.)

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 (ddmmyy)

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

Print Initials and Surname

 Date (ddmmyy)

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

Print Initials and Surname

SECTION 4 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 (ddmmyy)

Signature of Authorised Financial Service Provider/Representative

Print Initials and Surname

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

Investor Support Centre

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

www.itransact.co.za