



# ITRANSACT TAX FREE SAVINGS ACCOUNT

## REPURCHASE FORM

VERSION NUMBER 1.0

### 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.**

### SECTION 1: INVESTOR DETAILS

Investor Number	<input type="text"/>
First Name or Trading Name (If a legal entity)	<input type="text"/>
	<input type="text"/>
Surname	<input type="text"/>
	<input type="text"/>

**If any of your contact details have changed since your initial investment, please provide updated details in the spaces below.**

Cell Phone Number	<input type="text"/>
Other Contact Number	<input type="text"/>
Email Address	<input type="text"/>
	<input type="text"/>

### SECTION 2: INVESTOR BANK DETAILS

(This bank account must be a South African bank account in the name of the investor or the investor's legal guardian in the case of a minor.)

Name of Account Holder	<input type="text"/>
Name of Bank	<input type="text"/>
Account Number	<input type="text"/>
Branch Name	<input type="text"/>
Branch Code	<input type="text"/>
Account Type	<input type="text"/>

If bank details are different from those which the administrator has on record for the investor, please include proof of bank account details with this form in the form of a copy of a cancelled cheque or current bank statement, not older than 3 months, which reflects the bank name, the account holder's full name and the bank account number. Please note that no credit card or Internet statements will be accepted.

**SECTION 3: REPURCHASE DETAILS**

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

From (Security Name)	Rand Amount	Units	%	Cancel Debit Order		Close Account	
<input type="text"/>	<b>R</b> <input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="text"/>	<b>R</b> <input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="text"/>	<b>R</b> <input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="text"/>	<b>R</b> <input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="text"/>	<b>R</b> <input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="text"/>	<b>R</b> <input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**Note to Investor.**

- The administrator will not process an instruction to sell securities which have a market value of less than R1000, 00 unless all securities held by the Investor are being redeemed.
- If the market value of the securities held will fall below R1000, as a result of this transaction, a full redemption of all securities held by the Investor will automatically be processed.
- A 40 day holding period applies to any securities bought by debit order and such securities will not be sold until this period has expired.
- Where this instruction is received within the first 21 business days of the commencement of an investment, the administrator reserves the right to make payment of the proceeds only after 21 business days have elapsed from the date that the securities in question were purchased.
- Where investments have been ceded as security, the written consent of the cessionary must be provided before this instruction can be processed.
- Capital Gains Tax liabilities may arise from the sale of securities when effecting a repurchase transaction.

**SECTION 4: INVESTOR DECLARATION**

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

\_\_\_\_\_  
**Signature of Investor or duly authorised person/s for minor investors**      Date (ddmmyyyy)

Print Initials and Surname

\_\_\_\_\_  
**Signature of Investor or duly authorised person/s for minor investors**      Date (ddmmyyyy)

Print Initials and Surname

**SECTION 5: 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.

\_\_\_\_\_  
**Signature of Authorised Financial Service Provider/Representative**      Date (ddmmyyyy)

Print Initials and Surname

**SECTION 6: 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 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**