



# ITRANSACT TAX FREE SAVINGS ACCOUNT

## DEBIT ORDER AMENDMENT 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: AMENDMENT DETAILS

#### Minimum Recurring Contribution R150.00 (per Security)

I hereby instruct the administrator to amend my current debit order instruction with immediate effect as follows:

#### 1. Cancel my debit order on the following securities.

Security Name	<input type="text"/>
Security Name	<input type="text"/>
Security Name	<input type="text"/>
Security Name	<input type="text"/>

**2. Amend my current debit order on the following securities.**

Security Name	<input type="text"/>
Total Debit Order	<input type="text" value="R"/>
FSecurity Name	<input type="text"/>
Total Debit Order	<input type="text" value="R"/>
Security Name	<input type="text"/>
Total Debit Order	<input type="text" value="R"/>
Security Name	<input type="text"/>
Total Debit Order	<input type="text" value="R"/>

**3. Amend my current debit order date to;**

Debit Order Date                      3<sup>rd</sup> of the Month     15<sup>th</sup> of the Month     25<sup>th</sup> of the Month

**4. Amend my current debit order investment intervals to;**

Investment Intervals                      Monthly                       Quarterly

**5. Amend my current annual escalation to;**

Annual Increase                                       0%     5%     10%     15%     20%

(Note that annual increases are limited to whole percentage increments only. No fractionalised percentage increments or monetary amounts will be accepted)

**6. Amend my current debit order bank account details with immediate effect as indicated below**

(This account must be a South African bank account.)

**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.**

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"/>

**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.**

\_\_\_\_\_  
Date (ddmmyyyy) 

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**Signature of Bank Account Holder**

Print Initials and Surname


**SECTION 3: TERMS & CONDITIONS AND 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) 

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

Print Initials and Surname


\_\_\_\_\_  
Date (ddmmyyyy) 

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**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) 

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**Signature of Authorised Financial Service Provider/Representative**

Print Initials and Surname


**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**