



ITRANSACT TAX FREE SAVINGS ACCOUNT

DEBIT ORDER AMENDMENT FORM

VERSION NUMBER 1.0

IMPORTANT INFORMATION

- 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																	
First Name or Trading Name (If a legal entity)																	
Surname																	
If any of your contact details have changed since your i	nitial	inve	stme	nt, p	leas	e pr	ovid	e upo	date	d det	ails	in th	e sp	aces	belo	w.	
Cell Phone Number																	
Other Contact Number																	
Email Address																	
SECTION 2: AMENDMENT DETAILS																	
Minimum Recurring Contribution R150.00 (per Securi I hereby instruct the administrator to amend my curren	-	it ord	der in	ıstru	ctior	ı wit	h imı	medi	ate e	effec	t as 1	follo	ws:				
Cancel my debit order on the following securities.																	
Cancel my debit order on the following securities. Security Name																	
Security Name																	



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

	Security Name																		
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	Security Name																		
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	Security Nume		T-4-		: 0														
			Tota	ı Dek		raer		R											
	Security Name																		
			Tota	l Dek	oit O	rder		R											
3.	Amend my current debit order date	to;																	
	Debit Order Date	3 rd of the Month	n		15 th (of th	е Мс	onth			25	th of	the I	Mont	h [
4.	Amend my current debit order inve	stment intervals	s to;																
	Investment Intervals	Monthly				G	\uart	erly											
5.	Amend my current annual escalation	ı to;																	
	Annual Increase			09	%		5	5%] 10	%		15	5%			20%		
	(Note that annual increases are limite	d to whole perce	entag	e inc	crem	ents	only	ı. No	frac	tiona	alised	d pei	rcent	age	incre	emer	its o	r	
	monetary amounts will be accepted)																		
6.	Amend my current debit order bank	caccount details	s witl	h imı	med	iate	effe	ct as	indi	icate	ed be	elow	,						
	(This account must be a South Africa	n bank account.))																
	ease include proof of bank account de t older than 3 months, which reflects												-						
	it no credit card or Internet statemer			ccot	411C 11	olue	:1 31	unn	aiiie	anu	uie	Daili	\ acc	Ouiii	. IIuii	ibei	. PIC	ase	ilote
Nai	me of Account Holder																		
Nai	me of Bank																		
Acc	count Number																		
Bra	anch Name																		
Bra	anch Code																		
Acc	count Type																		
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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 INSTRU BANK ACCOUNT HOLDER.	CTION WILL B	E ACCI	EPTI	ED UF	PON 1	HE S	IGN	ING (OF '	THIS	S AU	тно	RIT	Y BY	TH
				Date	(ddm	myy	уу) [Г
Signature of Bank Account Holder							_							1	
Print Initials and Surname															
															Γ
SECTION 3: TERMS & CONDITIONS	AND INVE	STOR	2 DI	ECL	ARA	TIO	N								
I. The latest terms and conditions associated it has read and understood them. A copy of The Investor confirms that all statements may	these terms an	d condi	tion	s may	be re	ques	ted f	rom t	the				_	it he,	/sh
Signature of Investor or duly authorised person/s	for minor inves			Date	(ddm	myy	уу)								
		1013											ı		_
Print Initials and Surname			_					_							L
Signature of Investor or duly authorised person/s Print Initials and Surname	for minor inves	tors		Date	(ddm	myy	уу) [
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SECTION 4: FINANCIAL SERVICES	PROVIDER	DEC	LAI	RAT	ION	(IF	ΑP	PLI	CA	BL	E)				
 The latest terms and conditions associated to that he/she/it has read and understood the may be requested from the administrator. The Financial Service Provider confirms that 	em and explaine	ed them	to t	he in	vesto	r in fu	ıll. A	copy	of t	thes	e ter	ms a	nd c		
	_			Date	(ddm	myy	уу)								
Signature of Authorised Financial Service Provide	r/Representati	ve					_								
Print Initials and Surname								T							



SECTION 5: FINANCIAL SERVICES PROVIDER DETAILS (IF APPLICABLE)

Name of Financial Services Provider (The Company) Cell Phone Number Other Contact Number Tick the box if the details below are the same as the FSP details above Cell Phone Number Name of Financial Advisor/Representative Other Contact Number Email Address Cell Phone Number Other Contact Number Email Address Email Address Cell Phone Number Other Contact Number

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