

Date of birth

Gender Male Female

Income tax number (if applicable)

Withholdings tax status Exempt Not Exempt (If you selected Exempt, please complete the administrators Dividend Withholding Tax Form.)

SECTION 2: ACTING ON BEHALF OF THE INVESTOR

2.1 Guardian / person with Power of Attorney acting on behalf of the investor. Proof to be provided. (Additional information can be requested based on business requirements)

Title Mr Ms Mrs Dr Prof The Hon

First name

Surname

Identity/passport number

Resident of South Africa Yes No

Date of birth (ddmmyyyy)

Gender Male Female

Relationship to Investor

2.2 Investor / Guardian / Person With Power Of Attorney Declaration

- I hereby request that the above mentioned Tax Free Savings Account be transferred to the above Receiving Product Provider.
- I confirm that all the information provide above is true and correct.

_____ Date (ddmmyyyy)

***Authorised signatory**

Print Initials and Surname

*Authorised signatories acting on behalf of the investor (e.g. parents / guardians of a minor and persons authorised to act on behalf of the investor).

SECTION 3: TRANSFER FROM (THE OTHER PRODUCT PROVIDER)

Product provider name

Tax free savings account number to be transferred from

Estimated value of transfer R

