



ITRANSACT TAX FREE SAVINGS ACCOUNT

TRANSFER REQUEST FORM

VERSION NUMBER 1.0

IMPORTANT INFORMATION

STEP 1 Complete the form and agree to the terms and conditions STEP 2 Send documents to Itransact via Email Additional forms and	 To ensure there is no delay in processing your investment, please complete the form accurately and ensure you understand the terms and conditions you are entering into. Depending on the investment type and/or product you may be required to complete and provide additional forms. Note that multiple transfers are allowed, within the same contract, per tax year. Transfers out are not allowed in the last 14 days of the tax year. Email your documents to: newbus@itransact.co.za If you experience difficulties transmitting your documents to us, please call us on 0861 468 383 during business hours and we will gladly assist you.
FICA requirements for	Document Checklist
juristic investors (i.e companies and trusts)	Completed application form
are available on our website in the 'Forms	Copy of your latest tax free account investment statement
& Downloads' section.	Copy of your bar coded South African ID, valid passport (if a foreign national) or birth certificate (if a minor)
www.itransact.co.za	Proof of your bank details (e.g. cancelled cheque or bank statement)
	Additional forms that may be requested from you in this application form
STEP 3 Fulfilment	 We will acknowledge receipt of your documents and contact you if there are any outstanding requirements.
	 Transactions will only be acted upon after confirmed receipt by the Administrator of a completed and signed investor mandate, investor FICA verification, relevant supporting documentation, and investment funds which have been cleared and made available for investment in the Administrators bank account. You will receive confirmation once your instruction has been processed. You will receive an email welcoming you to Itransact. You will automatically be provided with a secure Itransact online servicing account. New investors
	are requested to activate their online account by registering on our website within 3 business days. Subsequent products will automatically appear in your online account.
CUT OFF TIMES	 Instructions received before 11h00 on a business day will start processing on that day. Instructions received after 11h00 on a business day will start processing on the next business day. Instructions received on a weekend or public holiday will start processing on the next business day. The processing of any tax free transfer applications is 10 working days prior to the financial tax year.

SECTION 1: INVESTOR DETAILS

Title	Mr		Ms	١	Mrs [Dr [P	rof	T	he H	lon	
Full name(s) and surname													
Identity/passport number													
Resident of South Africa	Yes		No										

TFSA06								
Date of birth]			
Gender	Male	Female						
Income tax number (if applicable)								
Withholdings tax status	Exempt	Not Exempt	the a	ou selec administ 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	I	Ms [1	Mrs		Dr	F	rof	-	Гhe ⊢	lon [
First name														
Surname														
Identity/passport number														
Resident of South Africa	Yes			No										
Date of birth (ddmmyyyy)														
Gender	Male		Fem	ale []								
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								L								
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	R].				

Contact person at transferring product provider	
Contact number	
Email address	
Transfer type	Rand Value OR Units* (Optional)
Note: When selecting the transfer type, please ensure that the	ne Receiving Product Provider is able to accommodate the transfer type selected
Transfer amount	100% / Full Transfer OR Partial Transfer
* If partial transfer is unit based or is not proportional, ple	ease specify the amount to be transferred below:
Product name	Rand Amount** OR % Allocation OR Units (optional)
	R
	R
	R
	R

SECTION 4: TRANSFER TO (DETAILS OF THE RECEIVING PRODUCT PROVIDER)

Bank Account Details of Receiving Product Provider

Name of receiving product provider	Itransact Investment Platform
Tax reference number of receiving product provider	9366/670/16/5
Name of bank	Absa Bank
Account name	IIN Inflow Account
Account number	4074464183
Payment reference number	Please use your ID number
Contact number of receiving product provider	0861 432 383
Email address of receiving product provider	newbus@itransact.co.za

SECTION 5: INVESTOR DECLARATION

I confirm that I:

- have read and understood the important notes on the first page.
- have the authority and am legally competent to enter into and conclude this transaction, with the necessary legal assistance when it is required.
- am aware that the legal guardian must sign the instruction on behalf of a minor (if applicable).
- am aware that the processing of any tax free transfer applications is 10 working days prior to the financial tax year.

						Date (ddmmyyyy)											
Signature of investor									L			I				I	
Print Initials and Surname																	



SECTION 6: 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)															
Signature of Authorised Financial Service Provider/Re	presen	tati	ve						L	I				I		
Print Initials and Surname																
SECTION 7: FINANCIAL SERVICES PRO	OVID	ER	DE	TAI	LS	(IF	AP	PLI	CA	BLI	E)					
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 de	tails abo	ove														
Name of Financial Advisor/Representative																
Cell Phone Number																
Other Contact Number																
Email Address																

SECTION 8: IMPORTANT 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