

Resident of South Africa Yes No

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

Contact person at transferring product provider

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Contact number

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Email address

Transfer type

 Rand Value OR Units* (Optional)

Note: When selecting the transfer type, please ensure that the 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, please specify the amount to be transferred below:

Product name	Rand Amount**	OR	% Allocation	OR Units (optional)
<input style="width: 100%;" type="text"/>	R <input style="width: 60%;" type="text"/>	.	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 40px;" type="text"/>
<input style="width: 100%;" type="text"/>	R <input style="width: 60%;" type="text"/>	.	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 40px;" type="text"/>
<input style="width: 100%;" type="text"/>	R <input style="width: 60%;" type="text"/>	.	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 40px;" type="text"/>
<input style="width: 100%;" type="text"/>	R <input style="width: 60%;" type="text"/>	.	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 40px;" type="text"/>

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

Bank Account Details of Receiving Product Provider

Name of receiving product provider

Tax reference number of receiving product provider

Name of bank

Account name

Account number

Payment reference number

Contact number of receiving product provider

Email address of receiving product provider

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

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.

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

Date (ddmmyyyy)

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Print Initials and Surname

SECTION 7: FINANCIAL SERVICES PROVIDER DETAILS (IF APPLICABLE)

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 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