



UNIT TRUST INVESTMENT PLAN

REPURCHASE FORM

(To be completed by investors who wish to sell units from their Unit Trust Investment Plan account)

IMPORTANT INFORMATION

- Please send this form and all associated documents directly to the Administrator by using the following email address **instructions@itransact.co.za**
- The responsibility of transmitting this form and all associated documents to the Administrator lies with the sender.
- 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.
- Automated Outsourcing Services (Pty) Ltd, trading as Itransact is an authorised Financial Services Provider (FSP 650) and is the Administrator of this product.
- 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

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First Name or Trading Name (If a legal entity)

Surname

If any of your contact details have changed since your initial investment, please provide updated details in the spaces below.

Cell Phone Number

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Other Contact Number

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Email Address

SECTION 2: INVESTOR BANK DETAILS

(This bank account must be a South African bank account in the name of the investor or the investor's legal guardian in the case of a minor.)

Name of Account Holder

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Name of Bank

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Account Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Branch Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Branch Code

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account Type

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

If bank details are different from those which the administrator has on record for the investor, 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.

SECTION 3: REPURCHASE DETAILS

I/We hereby request the administrator to repurchase units from my/our account as follows:

From (Fund Name)	Rand Amount	Units	%	Cancel Debit Order		Close Account	
<input type="text"/>	R <input type="text"/>	<input type="text"/>	<input type="text"/> %	Yes	No	Yes	No
<input type="text"/>	R <input type="text"/>	<input type="text"/>	<input type="text"/> %	Yes	No	Yes	No
<input type="text"/>	R <input type="text"/>	<input type="text"/>	<input type="text"/> %	Yes	No	Yes	No
<input type="text"/>	R <input type="text"/>	<input type="text"/>	<input type="text"/> %	Yes	No	Yes	No
<input type="text"/>	R <input type="text"/>	<input type="text"/>	<input type="text"/> %	Yes	No	Yes	No
<input type="text"/>	R <input type="text"/>	<input type="text"/>	<input type="text"/> %	Yes	No	Yes	No

Note to Investor.

1. A 40 day holding period applies to any units bought by debit order and such units will not be sold until this period has expired.
2. Where investments have been ceded as security, the written consent of the cessionary must be provided before this instruction can be processed.
3. Capital Gains Tax liabilities may arise from the sale of units when effecting a repurchase transaction.

SECTION 4: 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.

Signature of Investor or duly authorised person/s for minor investors Date (ddmmyyyy)

Print Initials and Surname

Signature of Investor or duly authorised person/s for minor investors Date (ddmmyyyy)

Print Initials and Surname

SECTION 5: 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 (ddmmyyy)

Signature of Authorised Financial Service Provider/Representative

Print Initials and Surname

SECTION 6: FINANCIAL SERVICES PROVIDER DETAILS (IF APPLICABLE)

Name of Financial Services Provider (The Company)

Cell Phone Number

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Other Contact Number

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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

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Other Contact Number

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Email Address

SECTION 7: 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