



OFFSHORE UNIT TRUSTS

WITHDRAWAL FORM (For investments in USD only)

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

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

Other Contact Number

Email Address

SECTION 2: INVESTOR BANK DETAILS

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 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.

Name of Account Holder

Name of Bank

Branch (if South African)

SWIFT code (if offshore)

IBAN /Account number (if offshore)

Type of account Current/Cheque Savings

Currency of account ZAR USD GBP EUR JPY AUD

SECTION 3: REPURCHASE DETAILS

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

From (Fund Name)	Amount	Units	%	Close Account	
				Yes	No
<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

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. Capital Gains Tax liabilities may arise from the sale of units when effecting a withdrawal transaction.

SECTION 4: INVESTOR DECLARATION

1. The latest terms and conditions associated to this product are applicable. The Investor is responsible for ensuring that they have been read and understood. A copy of these terms and conditions may be requested from the administrator and or your financial advisor.
2. The Investor confirms that all statements made, and information provided in 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 they have read and understood them, and have 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 in this form, are correct.

_____ Date (ddmmyyyy)

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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