



SECURITIES INVESTMENT PLAN

ADDITIONAL INVESTMENT FORM FOR DEBIT ORDER AND LUMP SUM INVESTMENTS

(To be completed by investors who already have Securities Investment Plan accounts and who wish to make additional debit order and/or lump sum investments)

VERSION NUMBER 9.1

IMPORTANT INFORMATION YOU NEED TO KNOW BEFORE YOU INVEST

Financial Advice

Research has proven that receiving good independent financial advice can make a substantial difference to an investment outcome. If you are not comfortable making your own investment decisions, consider using the services of an independent financial adviser (IFA). To locate an IFA in your area, refer to the 'Find an adviser' section of our website. Itransact is a licensed financial services provider for the purposes of distributing and administering this investment product. Itransact does not provide financial advice.

Product Information

Please ensure that you choose the right product before you invest. Refer to our product fact sheets, brochures, fee disclosures and research made available on our website.

INVESTMENT PROCESS

STEP 1 Complete the form and agree to the terms and conditions	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.
STEP 2 Send documents to Itransact via Email	Email your documents to: instructions@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.
Additional forms and FICA requirements for juristic investors (i.e companies and trusts) are available on our website in the 'Forms & Downloads' section.	Document Checklist Completed application form Copy of your bar coded South African ID, valid passport (if a foreign national) or birth certificate (if a minor) 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.



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: **GENERAL INVESTMENT DETAILS** Source of Funds Salary Policy Donation Saving Investment Other (Please Specify) Inheritance Minimum Recurring Investment R150 (per Security) Minimum Lump Sum Investment of R1 000 (per Security) **Method of Payment** (Note that no cheques are accepted) **Debit Order** 25th of the Month 3rd of the Month 15th of the Month Debit Order Deduction Date Debit Order Deduction Intervals Monthly Quarterly Once Off Electronic Collection by the Administrator (Lump Sums Only) Please choose the date that the Administrator should collect your once off lump sum amount. 3rd of the Month 15th of the Month 25th of the Month Once off lump sum collection instructions must be received by the Administrator at least 3 Business Days prior to the chosen collection date. Instructions received after that period will be processed on the next sequential collection date. Note that each lump sum collection is limited to increments of R500 000 per collection.. Lump-sum Investment (Please take note of the restrictions regarding the Itransact bank account details below) **Distribution Instructions:** Note that distribution instructions which were provided on the original investment application shall apply to this additional investment application.



ITRANSACT BANK ACCOUNT DETAILS

For security reasons and to comply with the Financial Intelligence Crime Act (FICA) the Administrator must perform certain security checks with you as the investor before it may provide you with the bank details and investor reference to be used by you when making a lump sum investment.

Once you have received the bank account details and reference number from the Administrator, and have made a payment, you are required to provide the Administrator with the proof of payment (copy of deposit slip or online payment confirmation) by submitting it via email to the email address stated on the first page of this application form. No transaction will be finalised without receiving theproof of deposit.

Electronic fund transfers are recommended. If you make a deposit by cheque it may undergo a clearing period of between 10 and 15 business days with your bank before the funds are made available for investment.

Fund Name	the Administrator to purchase securities for my/our account as follows; Debit Order Amount Annual Increase									Lump Sum Amount									
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If bank details are different from with this form in the form of a c name, the account holder's full n	copy of a cancelled cheque c	r current ban	k state	ment, r	ot olde	r than	3 m	onths,	which	n refl	ects	the k	oank						
Investor Bank Details																			
(This bank account must be a Sc	outh African bank account in t	the name of th	e inves	tor or th	ne invest	tor's le	egal g	guardia	an in tl	ne ca	se of	a mi	nor.)						
Name of Account Holder																			
Name of Bank																			
Account Number																			
Branch Name																			

Debit Order Bank Details

Branch Code

Account Type

(This section should only be completed if the debit order bank account details differ from the investor bank details stated above. This account must be a South African bank account.)



Tick this box if debit order bank details are the same as th	e inv	esto	r ba	nk d	etail	s ab	ove.										
Name of Account Holder																	
Name of Bank																	
Account Number																	
Branch Name																	
Branch Code																	
Account Type																	
 Debit Order Authority 1 I/We hereby request, instruct and authorise Automated Outsourcing Services (Pty) Ltd, its successors or its assignees ("the Administrator") to draw against my/our account with the bank noted above (or any bank or branch to which I/we may transfer my/our account). 2 I/We understand that all such withdrawals from my/our bank account shall be treated as though they have been signed by me/us personally. 3 I/We agree to pay any bank charges and costs relating to the debit order authority, including debit order rejection fees. 4 I/We acknowledge that I/we may cancel this authority by giving the Administrator not less than 10 business days written notice. 5 I/We agree that receipt of this instruction by the Administrator shall be regarded as receipt thereof by my/our bank. 6 I/We acknowledge that in order to activate the debit order, the Administrator must receive the debit order authority at least 10 business days prior to the first debit order date. 															nally.		
PLEASE NOTE THAT THE DEBIT ORDER INSTRUCTION WI ACCOUNT HOLDER.	LL BI	E AC	CEP	TED	UPO	N TI	IE SI	GNI	NG C)F T	HIS A	UTI	HOR	ITY E	SY TH	IE B	ANK
Signature of Bank Account Holder			_		D	ate (ddm	Myy	yy)								
Print Initials and Surname																	
SECTION 5: INVESTOR DECLARATION																	
 The latest terms and conditions associated to this prod read and understood them. A copy of these terms and The Investor confirms that all statements made and inference. 	cond	itions	s ma	ay be	requ	ieste	d fro	m th	ne ad	lmin			ring t	hat h	ne/sh	e/it	has
Fees and Charges																	
Financial Advice Fees and Charges Where the Investor has appointed a Financial Services Provi Administrator to pay the following fees and charges;	der, ti	he In	vest	tor ac	knov	wled	ges, (conf	irms	, cor	isent	s to,	, and	instr	ucts	the	
(If no fees are indicated here, the Administrator will continue to	o ded	uct f	ees	accor	ding	to th	ne ori	gina	l nev	v bus	sines	s app	olicat	ion f	orm)		
Initial advice fee (Levied against all investment contribution Lump sum	ons)						(M] .	num	of 39]% %)						
Debit order							(M	axin	num	of 39	% %)						
Ongoing annual financial advice fee (Calculated as a perce market value of the investment	ntage	e of t	he d	daily			[] .	num	of 19]%						



Administration Fees & Charges

(The Investor acknowledges, confirms and consents to paying the following fees and charges to the Administrator;)

Annual administration fee calculated as a percentage of the daily market value of the investment and deducted by the Administrator quarterly. The rate at which the fee will be charged shall be determined in accordance with the table below. (Excluding VAT)

Market Value of Investments	Rate per Annum
On the first R500 000	0.39%
On the next R500 000	0.30%
On the amount over R1000 000	0.20%

- A trading fee of 0.08% (excluding VAT) shall be charged on the value of all purchase and sale transactions.
- A nominal Investor Protection Levy and Central Securities Depository fee shall be charged for all security purchase and sale transactions.

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Print Initials and Surname																	
Signature of third party applicant or authorised repres	sentative (of a	-)ate ((ddm	nmys	/yy) 								
legal body (if applicable)																	
Print Initials and Surname																	
																	i i
that he/she/it has read and understood them and requested from the administrator.	explained	u mer															21/60
The Financial Service Provider confirms that all states. Signature of Authorised Financial Service Provider/Re		made			rma	tion		ided	on t						dition	ns m	ay be
Signature of Authorised Financial Service Provider/Re		made			rma	tion	prov	ided	on t							ns m	ay be
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Signature of Authorised Financial Service Provider/Re Print Initials and Surname SECTION 7: FINANCIAL SERVICES PROV Financial Service Provider Details	presentat	tive	e and	d info	rma C	Pate (prov	nmyy	on t	his fo	orm a	are co	orrec	et			



Facsimile																
Email																
Tick the box if the details below are the same as the FSP details above																
Name of Financial Advisor/Representative																
Telephone																
Cell																
Facsimile																
Email																

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