



APPLICATION FOR RSA FIXED RATE RETAIL BONDS

Please write the details in black ink and where applicable in CAPITAL LETTERS.

Are you an existing Retail Bond holder? Yes No Investor Number

Section 1

State the capital amount you wish to invest and the Retail Bond Series you wish your investment to be held in.

2- year Retail Bond 3- year Retail Bond 5- year Retail Bond
R R R

Total amount: R

Please pay the Interest on Interest Payment Dates to the Bank Account in section 4. or Please reinvest the Interest at the same Interest Rate as the Retail Bond.

Section 2 - Personal Details

Please attach a certified copy of your ID book.

Surname Full Name
ID Number Date of Birth
Income tax number y y y y m m d d

Section 3

Marital Status Single Married Divorced Widow/Widower
Physical Address Postal Address
Postal Code Postal Code
Telephone Number (w) () Cellphone Number
(h) () E-mail Address
Preferred Method of Correspondence: By Post or By E-mail

Section 4 - Banking Details

Please provide bank details. Failure to provide proper bank details will result in your application being rejected.

Type of Account
Branch Code
Account Number

Section 5 - Beneficiary Nomination (Optional)

I hereby nominate the following person(s) as beneficiaries of my investment(s) upon my death, including interest receivable in terms of my investment. Please note that selection of a beneficiary here will replace any previously nominated beneficiary.

Full Name Surname
ID Number
Full Name Surname
ID Number

Section 6

By completing and signing this application form I hereby bind myself to the Terms and Conditions of Issue on the back of this Application Form and the Terms and Conditions of Purchase attached to this Application Form. I confirm that I have read and understood the Terms and Conditions of Purchase and the Terms and Conditions of Application. I confirm that the Bank Account details in section 4 are correct and that the bank account is held in my name.

Full Name and surname Signature Date
If you are acting on behalf of other persons please complete below and attach the original Power of Attorney.
Guardian or Parent/Power of Attorney.
ID Number Date of Birth
Full Name and surname Signature

