



# ITRANSACT FUND MANAGERS COLLECTIVE INVESTMENT SCHEMES ADDITIONAL INVESTMENT FORM FOR DEBIT ORDER AND LUMP SUM INVESTMENTS

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

#### IMPORTANT INFORMATION

- 1 Please send documents to Itransact by either Fax 011 561 6812 or Email admin@itransactfm.co.za
- 2 The responsibility of transmitting the documents to Itransact Fund Managers lies with the sender. No form is considered complete without all required documentation.
- 3 Lump sum investments will only be processed upon proof of deposit of funds into the relevant inflow bank account associated with this product.

#### **SECTION 1: INVESTOR DETAILS**

nvestor Number															
itle	Mr [		Ms		Mrs		Dr			Prof		-	The I	Hon	
irst Name or Trading Name (If a legal enti	ty)														
urname/Registered Name															
ompany/Trust Registration Number															
Jantity/Daganart Number	Γ														
dentity/Passport Number															
Note: If any of your contact details such a nvestment, please provide updated det					mber o	r ema	ail add	lress l	has o	han	ged	sinc	e yo	ur in	iti
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**Minimum Recurring Premium R500.00** 

Minimum Lump Sum Investment of R5 000.00



# **SECTION 3: INVESTMENT DETAILS**

ollective Investment Scheme Name	Debit (	Orde	r Am	ount	A	۱nnر	ıal Ir	icre	ase		Lu	mp	Sum	Amo	unt
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	R									% F	٦				
	R									% F	٦				
	R									% F	٦				
	R									% F	٦				
lease Note That: Distributions of less than R100.00 per fund, will	automatical	ly be r	e-inve	ested;											
ebit Order Information (please mark selection)															
vestment Intervals M	onthly	Qu	ıarterl	у		Hal	f Yea	rly [		А	nnua	ally [			
nnual Increase	0%		5	%			10	0% [			1	5% [		20%	
ebit orders are collected on the 1st working	day of ever	y mo	nth												
Iethod of Payment (Note that Itransa  Monthly Debit Order Complete the debit order details in Sec  Electronic Collection by the Administ Electronic collection is restricted to a n within two business days of receiving th	act Fund Ma ction 7 <b>trator</b> naximum o	anage f R50	ers do	O per (	colle	ction	. The	Adn					-		
Debit Order Bank Details section below  Electronic Internet Transfer  Note that electronic/internet transfers bank account indicated below. Lum furnish the administrator with proof New investors should use their South Itransact investor number.	s may take p sum inv of paymer	up t estme	o two ents eithe	o days will or r fax	to nly	appe pe p	ar in roces 812 (	the ssed or er	Itra upo mail	nsac on p	ct Fi oroo adm	f of iin@i	depo transa	osit. P actfm.	leas co.z
ECTION 4: INVESTOR BANK DE	TAILS														
his bank account must be a South African bank per Section 3)	account in t	he nar	me of	the inve	estor	or th	e inve	stor's	s leg	al gu	ıardia	an in t	the ca	se of a	mino
ame of Account Holder															
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ame of Bank															
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ame of Bank ccount Number ranch Name															

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## **Debit Order Bank Details** (Tick the box if debit order bank details are the same as the investor bank details above) Name of Account Holder Name of Bank Account Number Branch Name Branch Code Account Type **Debit Order Authority** I/We hereby request, instruct and authorise Itransact Fund Managers (RF)(Pty) Ltd, its successors or its assignees 1 ("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). 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 Itransact Fund Managers Fund Managers (RF)(Pty) Ltd not less than 5 business days written notice. 5 I/We agree that receipt of this instruction by Itransact Fund Managers (RF (Pty Ltd shall be regarded as receipt thereof by my/our bank. Date (ddmmyyyy) **Signature of Bank Account Holder** Print Initials and Surname

## **SECTION 5: INVESTOR DECLARATION**

- The terms and conditions applicable to the Investor's investment in this product, as set out in the application form that was completed for investment into this product together with any subsequent amendments, apply to this transaction. The Investor is responsible for ensuring that he/she/it has read and understands such terms and conditions. A copy of these terms and conditions may be requested from Itransact Fund Managers (RF)(Pty) Ltd.
- Where a financial services provider has advised the Investor on or otherwise assisted the Investor with this transaction, the Investor confirms that the financial services provider has provided the Investor with proof that the financial services provider is licensed under the Financial Advisory and Intermediary Services Act to provide such advice and/or other services. (The details of any such financial services provider must be set out in section 7 below.)
  - The Investor acknowledges that if the financial services provider and/or any representative that has advised or assisted the Investor is not appropriately licensed or authorised to do so, this may result in this instruction not being processed and Itransact Fund Managers (RF)(Pty) Ltd cannot be held liable for any loss suffered as a result. The Investor acknowledges that such financial services provider acts as the Investor's agent and is not an agent of Itransact Fund Managers (RF)(Pty) Ltd. Itransact Fund Managers (RF)(Pty) Ltd is not liable for any act or omission of the financial services provider and/or any representative of the financial services provider.
- The Investor confirms that he/she/it understands the nature and implications of this transaction and has obtained the product information relating to the investments that will be made pursuant to this transaction. The Investor confirms that he/she/it understands the nature of such investments and the risks associated with such investments. (Product information is available from Itransact Fund Managers (RF)(Pty) Ltd on request.)

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The Investor confirms that all statements made and information provided on this form are correct.



- The Investor warrants that the money which he/she/it is investing is not derived from the proceeds of unlawful activities as defined in the Prevention of Organised Crime Act, 1998.
- The Investor acknowledges that before processing this instruction, Itransact Fund Managers (RF)(Pty) Ltd may require the Investor to provide it with information and/or documents, for the purposes of the Financial Intelligence Centre Act, 2001.
- 7 The Investor confirms that he/she/it has not received any advice from Itransact Fund Managers (RF)(Pty) Ltd.
- The Investor understands that the fees, as explained in the application form completed for investment into this product, with any subsequent amendments, apply to this transaction; provided that the fees payable to the Investor's financial services provider (where a financial services provider has been appointed and named in section 7) shall be as follows:

Specify Initial Financial Advisor Fee	].			%	(Max	kimu	ım of	3%	excl	udin	g VA	AT)					
Specify Annual Financial Advisor Fee	].			%	(Max	kimu	ım of	1% (	exclu	uding	g VA	T)					
PLEASE DO NOT SIGN THIS DOCUMENT UNTIL YO	U HA	AVE	REA	D TH	IE FU	JLĽ	y co	MPL	ETE	D FO	ORM	I					
					D	ate (	(ddm	mvv	vv)[								
Signature of Investor or duly authorised person/s for	mino	or inv	esto	ors		ate (	(ddiii	i i i y y	,,,,[								
Print Initials and Surname																	
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Signature of third party applicant or authorised repre	sent	ative	ofa	lega	lboo	<b>dy</b> (i	f Sec	tion2	or 3	of th	nis ap	oplica	ition	form	n is ap	plic	able)
Print Initials and Surname																	

### **SECTION 6: FINANCIAL SERVICES PROVIDER DECLARATION**

#### General

- The Financial Services Provider ("FSP") through whom the application for an additional investment is being made confirms that the FSP and the Financial Advisor named in section 7 are licensed (in the case of the FSP) and authorised (in the case of the Financial Advisor) to provide the relevant financial services in respect of the financial products to which this application relates. The FSP specifically confirms that the FSP and the Financial Advisor are "fit and proper", as required by FAIS, to provide the relevant financial services in respect of the financial products to which the application relates.
- The FSP/authorised representative of the FSP by appending his/her signature hereto, states and declares the FSP/authorised representative of the FSP has read and understood the terms and conditions pertaining to this investment product and that the FSP shall be bound by these terms and conditions insofar as such terms and conditions affect the FSP.
- The FSP warrants that all statements given by him/her/it in this form are true and correct in every respect.
- The FSP warrants and confirms that he/she/it has explained the nature and implications of this transaction to the Investor including, but not limited to all the fees, costs and risks involved and has made all disclosures required in terms of FAIS to the Investor.

The FSP declares and confirms that:

- The FSP is the primary accountable institution in terms of the regulations to the Financial Intelligence Centre Act, 2001 ("FICA"), in respect of the Investor:
- The FSP has established and verified the identity of the Investor, as required in terms of section 21 of FICA;

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- The FSP will keep records of information relating to the Investor as is required in terms of section 22 of FICA;
- The FSP will provide Itransact Fund Managers (RF)(Pty) Ltd with any information and documentation requested by it in relation to the Investor, immediately on request.



Please Select Applicable Option:								
The FSP is appointed: On a non-discretionary	basis							
On a full discretionary b	asis, in which case proof of authority must be provided							
	Date (ddmmyyyy)							
Signature of Authorised Financial Service Provider	/Representative							
Print Initials and Surname								
SECTION 7. FINANCIAL SERVICES I	PROVIDER AND FINANCIAL ADVISOR DETAILS							
Financial Service Provider Details	ROVIDER AND I MANCIAE ADVISOR DETAILS							
Financial Service Provider Details								
Name of Financial Services Provider (If a legal entity)								
Financial Services Provider Code with Itransact (House	e Code)							
Tick the box if the details below are the same as the FSP details above								
Financial Advisor/Representative Details								
First Name								
Surname								
Financial Advisor/Representative Code with IFM								
SECTION 8: IMPORTANT CONTACT I	DETAILS							
Investor Support Centre Telephone Fax Email	0861 11 60 75 011 561 6812 iadmin@itransactfm.co.za							
Website	www.itransactfm.co.za							

15 Philips Street Ferndale Randburg South Africa 2194 **Physical Address** 

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**Postal Address** PO Box 4769 Randburg South Africa 2125

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