

## CHANGE IN PERSONAL INFORMATION FORM

### IMPORTANT INFORMATION

1. Itransact Fund Managers (RF) (Pty) Ltd is the Manager of this investment and is referred to herein as "the Manager".
2. **Please send your signed application form and supporting documents to the Manager by either Fax 011 561 6812 or Email [admin@itransactfm.co.za](mailto:admin@itransactfm.co.za).**
3. The responsibility of transmitting the documents to the Manager lies with the sender. No application form is considered complete without all required documentation associated to this Product.

### SECTION 1: EXISTING DETAILS

Investor number	<input type="text"/>
Full name	<input type="text"/> <input type="text"/>
Identity/Passport Number	<input type="text"/>
Entity Registration Number	<input type="text"/>

### SECTION 2: NEW DETAILS

Investor Type	Individual <input type="checkbox"/> Company <input type="checkbox"/> CC <input type="checkbox"/> Trust <input type="checkbox"/> Partnership <input type="checkbox"/>
	Other <input type="text"/>
Title	Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Dr <input type="checkbox"/> Prof <input type="checkbox"/> The Hon <input type="checkbox"/>
First Name or Trading Name (If a legal entity)	<input type="text"/> <input type="text"/>
Surname/Registered Name	<input type="text"/> <input type="text"/>
Company/Trust Registration Number	<input type="text"/>
Identity/Passport Number	<input type="text"/>
Resident of South Africa	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Income Tax Number (if applicable)	<input type="text"/>
Withholdings Tax Status (if applicable)	Exempt <input type="checkbox"/> Not Exempt <input type="checkbox"/> (If you selected Exempt, please complete the Dividend Withholding Tax Form.)
VAT Registration Number (if applicable)	<input type="text"/>

Residential/Trading Address

																		Code				

Tick if postal address is same as residential

Postal Address

																			Code				

Cell Phone Number

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

Other Contact Number

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

Email Address


**SECTION 3: 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


Name of Bank

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

Account Number

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

Branch Name

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

Branch Code

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

Account Type

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

\_\_\_\_\_

Date (ddmmyyyy) 

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

**Signature of Bank Account Holder**

Print Initials and Surname


**SECTION 4 INVESTOR SIGNATURE**

\_\_\_\_\_ Date (ddmmyyyy) 

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

**Signature of Investor or duly authorised person/s**

Print Initials and Surname 


\_\_\_\_\_ Date (ddmmyyyy) 

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

**Signature of third party applicant or authorised representative of the legal entity**

(detailed in Section 2 and 3 of this application form)

Print Initials and Surname 


**SECTION 5 MANAGER CONTACT DETAILS**

**Financial Advisor and Investor Support Centre**

Telephone 0861 11 60 75  
Fax 011 561 6812  
Email admin@itransactfm.co.za

**Head Office**

Physical Address 15 Philips Street Ferndale Randburg South Africa 2194  
Postal Address PO Box 4769 Randburg South Africa 2125  
Website www.itransactfm.co.za