

COLLECTIVE INVESTMENT SCHEMES

TRANSFER FORM

(To be completed when transferring units held under a Collective Investment Schemes account to another investor who has or will open a Collective Investment Schemes account.)

IMPORTANT INFORMATION

1. Please send this form and all associated documents directly to IFM (by email only) to the following email address **admin@itransactfm.co.za**
2. The responsibility of transmitting the documents to IFM lies with the sender.
3. No form will be considered complete without all the required fields being completed and the required supporting documentation being submitted. IFM reserves the right to reject any application and or instruction at any time due to incomplete or insufficient documentation and information.
4. **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 IFM website (www.itransactfm.co.za).**

SECTION 1 INVESTOR DETAILS

Investor Number	<input type="text"/>
First Name or Trading Name (If a legal entity)	<input type="text"/>
	<input type="text"/>
Surname	<input type="text"/>
	<input type="text"/>

If any of your contact details have changed since your initial investment, please provide updated details in the spaces below.

Cell Phone Number	<input type="text"/>
Other Contact Number	<input type="text"/>
Email Address	<input type="text"/>
	<input type="text"/>

SECTION 2 TRANSFER DETAILS

Select either amount or percentage

I/We hereby request IFM to transfer units from my/our account as follows:

TRANSFER 01

FROM

Investor Number	Collective Investment Scheme Name	Amount	%
<input type="text"/>	<input type="text"/>	R <input type="text"/>	<input type="text"/> %

TO

Investor Number	Investor Name
<input type="text"/>	<input type="text"/>

TRANSFER 02

FROM

Investor Number	Collective Investment Scheme Name	Amount	%
<input type="text"/>	<input type="text"/>	R <input type="text"/>	<input type="text"/> %

TO

Investor Number	Investor Name
<input type="text"/>	<input type="text"/>

TRANSFER 03

FROM

Investor Number	Collective Investment Scheme Name	Amount	%
<input type="text"/>	<input type="text"/>	R <input type="text"/>	<input type="text"/> %

TO

Investor Number	Investor Name
<input type="text"/>	<input type="text"/>

TRANSFER 04

FROM

Investor Number	Collective Investment Scheme Name	Amount	%
<input type="text"/>	<input type="text"/>	R <input type="text"/>	<input type="text"/> %

TO

Investor Number	Investor Name
<input type="text"/>	<input type="text"/>

Please note that:

- If the investor to whom units are being transferred does not have an existing investor number under the Collective Investment Scheme, then an IFM New Business Application Form, completed by that investor, is required in addition to this transfer form.
- There is a 40 day holding period on all securities bought by debit order.

SECTION 4 INVESTOR DECLARATION

1. The latest terms and conditions associated to this product are applicable. The Investor is responsible for ensuring that he/she/it has read and understood them. A copy of these terms and conditions is available from IFM's website (www.itransactfm.co.za).
2. The Investor confirms that all statements made and information provided on this form are correct.

Signature of Investor or duly authorised person/s for minor investors Date (ddmmyyyy)

Print Initials and Surname

Signature of third party applicant or authorised representative of a legal body (if applicable) Date (ddmmyyyy)

Print Initials and Surname

SECTION 5 FINANCIAL SERVICES PROVIDER DECLARATION

1. The latest terms and conditions associated to this product are applicable. The Financial Service Provider is responsible for ensuring that he/she/it has read and understood them and 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 on this form are correct.

Signature of Authorised Financial Service Provider/Representative Date (ddmmyyyy)

Print Initials and Surname

SECTION 6 FINANCIAL SERVICES PROVIDER DETAILS

Financial Service Provider Details

Name of Financial Services Provider (The Company)

 Telephone
 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 7 MANAGER CONTACT DETAILS

Financial Advisor and Investor Support Centre
 Telephone 086 111 6075 | Fax 011 561 6812 | Email admin@itransactfm.co.za
www.itransactfm.co.za