



**national treasury**

Department:  
National Treasury  
REPUBLIC OF SOUTH AFRICA

**Post Office Product Codes:**  
New Investor 299 | Existing Investor 306



# APPLICATION FOR INFLATION LINKED RSA RETAIL SAVINGS BONDS

**PLEASE WRITE THE DETAILS IN BLACK AND WHERE APPLICABLE IN CAPITAL LETTERS.**

Are you an existing Retail Bond holder? **YES**  **NO**

*If yes, complete sections 1, 2 and 6 only*

Investor Number:

## SECTION 1

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

**3 – year bond**  **5 – year bond**  **10 – year bond**   
R       R       R

**Total Amount R**

*Please note that interest will be paid into your designated bank account on coupon payment dates*

## SECTION 2 - PERSONAL DETAILS - *Please attach a certified copy of your id book.*

Surname \_\_\_\_\_ Full Names \_\_\_\_\_

ID Number                 Date of Birth            Tax Number

Marital Status: Single  Married  Divorced  Widow/Widower

## SECTION 3 - CONTACT DETAILS

Physical Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code

Postal Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code

Tel No. (w)         (h)         Cell:

eMail Address: \_\_\_\_\_ Preferred Method of Correspondence: Post  eMail

## SECTION 4 – BANK DETAILS - *Please provide bank details. Failure to provide proper bank details will result in your application being rejected. Please attach a copy of your bank statement as proof of your account. NOTE: National Treasury shall not accept bank details of third parties.*

Bank Name: \_\_\_\_\_ Account No.

Type of Account: \_\_\_\_\_ Branch Name: \_\_\_\_\_ Branch Code:

## SECTION 5 - NEXT OF KIN CONTACT DETAILS

Physical Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code

Postal Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code

Tel No. (w)         (h)         Cell:

eMail Address: \_\_\_\_\_

## SECTION 6 – ACCEPTANCE OF TERMS AND CONDITIONS

By completing and signing this application form I hereby bind myself to the Terms and Conditions as set out in the booklet. I confirm that I have read and understood the Terms and Conditions. I confirm that the Bank Account details in section 4 are correct.

Full Names \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



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## SECTION 7 - GUARDIAN OR PARENT/ POWER OF ATTORNEY

If you are acting on behalf of another person (either a minor child or an incapacitated person) please complete the below fields in full, and if you are not a legal guardian of a minor child and not a parent, please attach the original Power of Attorney certified by a Commissioner of Oaths as well.

Full Names \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

ID Number:                     Date of Birth:

Physical Address: \_\_\_\_\_

Postal Code

Postal Address: \_\_\_\_\_

Postal Code

Tel No. (w)          (h)            Cell:

eMail Address: \_\_\_\_\_