



national treasury

Department:
National Treasury
REPUBLIC OF SOUTH AFRICA

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



APPLICATION FOR FIXED RATE 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** **INVESTOR NUMBER:**

If yes, complete sections 1,2, 6 or 7

- **Attach the following (NB: All supporting documents should not be older than 3 months):** For persons 18 years and older, attach a Certified ID Copy and proof of address. For minors attach a Certified Birth Certificate, Proof of address and Certified ID Copy of the guardian/ Parent.
- A copy of your stamped bank statement or bank confirmation letter. If the applicant is a minor, the parent/ guardian's bank details

SECTION 1 - Tick the box to select a term

State the initial capital amount you wish to invest in the Fixed Rate RSA Retail Savings Bond. You will be required to deposit this exact amount to activate your Fixed Rate RSA Retail Savings Bonds

2 – Year Bond R _____

3 – Year Bond R _____

5 – Year Bond R _____

Total Amount R _____

Please pay the Interest on the Coupon Payment Dates to the Bank Account in Section 4

Please reinvest the Interest at the same Coupon Rate

Please pay the Interest each month to the Bank Account in Section 4

PLEASE NOTE THAT INTEREST WILL BE PAID INTO YOUR DESIGNATED BANK ACCOUNT ON COUPON PAYMENT DATES

SECTION 2 - PERSONAL DETAILS

Surname _____ Full Names _____

ID Number Date of Birth Tax Number *Optional*

Marital Status: Single Married Divorced Widow/Widower

SECTION 3 - CONTACT DETAILS

Physical Address: _____ Postal Code

Postal Address: _____ Postal Code

Cell: Tel No. (w): (h)

eMail Address: _____ Preferred Method of Correspondence: Post eMail

SECTION 4 – BANK DETAILS

Account Holder Name: _____

Bank Name: _____ Account No. _____

Type of Account: _____ Branch Name: _____ Branch Code: _____



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SECTION 5 - NEXT OF KIN CONTACT DETAILS

Surname _____ Full Names _____

Physical Address: _____

Postal Code

Postal Address: _____

Postal Code

Cell: Tel No. (w): (h)

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 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 account is in my name.

Full Names _____ Signature _____ Date _____

SECTION 7 - PARENT/ GUARDIAN / POWER OF ATTORNEY

Please attach the parent/guardian's certified ID copy. If you hold Power of Attorney please attach the original power of attorney certified by a Commissioner of Oath, you may be contacted to provide additional supporting documentation (Documents must be less than 3 months old)

If you are acting on behalf of another person (either a minor or you hold a general power of attorney for the applicant please complete the below fields in full.

Full Names _____ Signature _____ Date _____

ID Number Date of Birth

Physical Address: _____

Postal Code

Postal Address: _____

Postal Code

Cell: Tel No. (w): (h)

eMail Address: _____