



national treasury

Department:
National Treasury
REPUBLIC OF SOUTH AFRICA

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



APPLICATION FOR TOP-UP RSA RETAIL SAVINGS BONDS INDIVIDUALS

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

Are you an existing Retail Bond holder? **YES** **NO** **INVESTOR NUMBER:**

- *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

State the initial capital amount you wish to start investing in the RSA Retail Savings Top Up Bond. You will be required to deposit this exact amount as your initial deposit to activate your RSA Retail Savings Top Up Bond.

3 – year bond | R _____

THE INTEREST RATE WILL BE RESET EACH QUARTER AND INTEREST WILL BE CAPITALISED QUARTERLY

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: _____

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: _____



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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 - GUARDIAN OR PARENT/ 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: _____