



# UPDATE OF INFORMAL GROUP'S DETAILS REQUEST FORM

**PLEASE NOTE**

- All mandatory fields must be completed.
- Ensure that all information provided is accurate and all required documents as stated on the checklist are attached when sending this form.
- No instruction will be processed unless all the above requirements have been met.
- Update of Informal Group Details Request Form received after the 20th of each month will be processed the following month.
- Completed forms are to be faxed to us on 012 315 5675 or e-mailed to queries@rsaretailbonds.gov.za
- Should you have any queries regarding this form, please contact us on 012 315 5888.

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

**GROUP DETAILS\*** (Mandatory)

Group Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Investor Number:

**NEW GROUP DETAILS\*** (Only complete the new details that are being changed)

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

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

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

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

New Cell:   New Tel No. (w):

New Tel No. (h)   Email Address: \_\_\_\_\_

Preferred Method of Correspondence: Post  Email

**Old Bank Account Details:** (Only complete when changing banking details)

Account Holder Name: \_\_\_\_\_

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

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

**New Bank Account Details:**

Stamped banking details in the informal group's name not older than 3 months (Bank Statement or Bank Confirmation letter).

Account Holder Name: \_\_\_\_\_

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

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



## UPDATE OF INFORMAL GROUP'S DETAILS REQUEST FORM

**NEW APPOINTED SIGNATORIES** *Only complete the details of the new member(s)*

*Certified ID Copy, Proof of Address and minutes/ resolution appointing signatory is required.*

**SIGNATORY 1** | Full Names and Surname \_\_\_\_\_

ID Number: 

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 Cell: 

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

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

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Email Address: \_\_\_\_\_ Designation: \_\_\_\_\_

**SIGNATORY 2** | Full Names and Surname \_\_\_\_\_

ID Number: 

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 Cell: 

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

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

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Email Address: \_\_\_\_\_ Designation: \_\_\_\_\_

**SIGNATORY 3** | Full Names and Surname \_\_\_\_\_

ID Number: 

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 Cell: 

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

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

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Email Address: \_\_\_\_\_ Designation: \_\_\_\_\_



# UPDATE OF INFORMAL GROUP'S DETAILS REQUEST FORM

**SUPPORTING DOCUMENTATION** (check if all required documents are attached when sending this form and tick the relevant box on the below list).

\* This form will not be accepted without the below required documents. The stamped banking details are not required if the banking details are not being changed.

- Certified ID Copy not older than 3 months for each signatory.
- Proof of residence not older than 3 months for each signatory (Utility bill, affidavit, telephone account).
- A certified copy of the Informal Group's constitution.
- Certified copy of the Informal Group's signed meeting minutes / resolution.
- Stamped banking details in the Informal Group's name not older than 3 months (Bank Statement or Bank Confirmation letter).

**SIGNATORIES\*** (Mandatory)

I confirm that all information provided in this form and all other documents signed by me in connection with this application, whether in my handwriting or not, are correct.

I consent to RSA Retail Savings Bonds processing my personal information according to the Terms and Conditions.

I confirm that RSA Retail Savings Bonds may accept instructions in the prescribed format by fax or via other electronic means.

\_\_\_\_\_ Signature \_\_\_\_\_ Date

**SIGNATORY 1** | Full Names and Surname

ID Number:                      Designation: \_\_\_\_\_

\_\_\_\_\_ Signature \_\_\_\_\_ Date

**SIGNATORY 2** | Full Names and Surname

ID Number:                      Designation: \_\_\_\_\_

\_\_\_\_\_ Signature \_\_\_\_\_ Date

**SIGNATORY 3** | Full Names and Surname

ID Number:                      Designation: \_\_\_\_\_