



national treasury

Department:
National Treasury
REPUBLIC OF SOUTH AFRICA



APPLICATION FOR INVESTMENT RE-START

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

SECTION 1 - PERSONAL DETAILS

Full Names & Surname _____ ID Number

Investor Number

SECTION 2 - RE-START AMOUNT

Investment Reference Number

Please tick the appropriate option.

Re-start capital and accrued interest Re-start original invested amount only

SECTION 3 - NEW INVESTMENT DETAILS

Please tick the appropriate option.

- 1** Fixed Rate Retail Savings Bond*
 - 2 Year 3 Year 5 Year
- 2** Interest Usage on New Investment
 - Re-invest Pay Semi-Annually Pay Monthly

SECTION 4 - BANK DETAILS - NOTE: National Treasury shall not accept bank details of third parties.

Bank Name _____ Account Number Type of Account _____

Branch Name _____ Branch Code _____

If your bank details have changed, please attach a bank stamped copy of your latest bank statement or bank account confirmation letter not older than 3 months

SECTION 5

Any Restart application form received after the 20th of the month will be processed in the following month. The interest rate of your Restarted Fixed-rate Retail Savings Bond investment shall be the prevailing interest rate on the restart date being the new settlement date. All investments that are Restarted to pay interest monthly, shall have their interest paid in arrears, that is, investments Restarted this month, shall have their interest paid at the end of the following month.

By completing and signing this application form I hereby bind myself to the Terms and Conditions. I confirm that the Bank Account details are correct and that the account is in my name.

Full Names Signature Date

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: