national treasury
Department:
National Treasury
REPUBLIC OF SOUTH AFRICA

RSA RETAIL SAVINGS BONDS
It's the smart way to save!

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 ☐☐☐☐☐☐☐☐☐☐☐ Date Y Y Y Y M M D D

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. Please attach a copy of your bank statement as proof.*

Bank Name _____ Account Number ☐☐☐☐☐☐☐☐☐☐ Type of Account _____

Branch Name _____ Branch Code _____

These banking details will only apply to this payment, if any, and will not affect payments on any other investments you may have.

SECTION 5

Restarts are processed daily, from the 1st to the 20th of each month. Any Restart application form received after the 20th of the month will be processed in the following month. The interest rate of your new Fixed Interest Rate Retail Savings Bond investment shall be the prevailing interest rate on the day following the de-activation date of the investment being Re-Started (New investment 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 of Issue and Conditions of Purchase and the Terms and Conditions of Application. I confirm that the Bank Account details are correct and that the account is in my name.

Full Names _____ Signature _____ Date _____

Helpline number: 012 315 5888 | **Fax Number(s):** 012 315 5314 / 5675 | **Email:** queries@rsaretailbonds.gov.za
Asset & Liability Management Division, National Treasury, Private Bag X 115, Pretoria, RSA, 0001