nationaltreasury
Department:
National Treasury
REPUBLIC OF SOUTH AFRICA

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

EARLY WITHDRAWAL FORM - *INVESTMENTS YOUNGER THAN 1 YEAR*

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

PERSONAL DETAILS

Surname: _____ Full Name: _____

Contact Number: _____ Email Address: _____

ID Number [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] Investor Number [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Investment Date [Y][Y][Y][Y][M][M][D][D]

EARLY WITHDRAWAL DETAILS - *(Tick the appropriate option)*

1 Fixed Rate Retail Savings Bond:
Two Year ☐ Three Year ☐ Five Year ☐

2 Inflation Linked Retail Savings Bond:
Three Year ☐ Five Year ☐ Ten Year ☐

3 Top Up Retail Savings Bond:
Three Year ☐

Amount in Figures: R [ ][ ][ ][ ][ ][ ][ ][ ][ ]

Amount in words: _____ Rands

What is the extraordinary change in your circumstances that causes you to make this withdrawal: *(please give a detailed reason)*

_____

_____

_____

_____

BANKING DETAILS

Bank Name: _____ Account No. [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

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

NOTE:

National Treasury shall not accept banking details of third parties or any representative. Where bank details have changed, please attach a Bank Stamped copy of your bank statement or confirmation letter from your bank not older than 3 months.

The Penalty levied on an early withdrawal amount that is younger than 1 year, shall be the forfeiture (loss) of all the interest on that early withdrawal amount.

Payments under this option require approval and shall take 3 working weeks to be processed and paid. No payments shall be made after the 20th of each month. Change of bank details may affect turnaround times for your withdrawal request to be processed.

_____ _____ _____
Full Names Signature Date

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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: Y Y Y Y M M D D