



EARLY WITHDRAWAL FORM - INVESTMENTS 1 YEAR AND OLDER

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

PERSONAL DETAILS		
Surname: Full	Name:	
Contact Number: Ema	nil Address:	
ID Number Investor Number Investor Number Investment Date Y Y Y M M D D		
EARLY WITHDRAWAL DETAILS - (Tick the appropriate option)		
1 Fixed Rate Retail Savings Bond: 2 Inflation Linked Retail Savings Bond: 3 Top Up Retail Savings Bond: Three Year Five Year Ten Year Three Year Three Year Amount in Figures: R Rands		
BANKING DETAILS		
Bank Name: Branch Name:		n 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. A Penalty shall be levied on the early withdrawal amount. Payments under this option shall take 7 working days to be processed		
and paid. No payment 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
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 Bi	rth: Y Y Y M M D D	