



## **APPLICATION FOR FIXED RATE RSA RETAIL SAVINGS BONDS**

PLEASE WRITE THE DETAILS IN BLACK AND WHERE APPLICABLE IN CAPITAL LETTERS.			
Are you an existing Retail Bond holder? YES NO	Investor Number:		
SECTION 1			
State the capital amount you wish to invest and the Retail Bond Maturity you wish your investment to be held in.			
2 - year bond 3 - year bond   R R	5 - year bond		
Total Amount R			
Please pay the Interest on the Coupon Payment Dates to the Bank Account in Section 4Please reinvest the Interest at the same Coupon Rate	Please pay the Interest each month to the Bank Account in Section 4 (only for persons 60 years and older)		
SECTION 2 - PERSONAL DETAILS - Please attach a certified copy of your id book.			
Surname Full Names			
ID Number   Date of Birth   Y   Y   Y   M   D   D   Tax Number   Image: Comparison of the comparis			
SECTION 3 - CONTACT DETAILS			
Physical Address:			
Postal Address:			
	Postal Code		
Tel No. (w)     (h)     Cell:     Image: Cell:			
eMail Address: Preferred Method of Correspondence: Post eMail			
<b>SECTION 4 – BANK DETAILS –</b> Please provide bank details. Failure to provide proper bank details will result in your application being rejected. Please attach a copy of your bank statement as proof of your account. <b>NOTE:</b> National Treasury shall not accept bank details of third parties.			
Bank Name:	Account No.		
Type of Account: Branch Name:	Branch Code:		
SECTION 5 - NEXT OF KIN CONTACT DETAILS			
Physical Address:	Postal Code		
Postal Address:			
Tel No. (w)	Postal Code		
eMail Address:			
SECTION 6 – ACCEPTANCE OF TERMS AND CONDITIONS			
By completing and signing this application form I hereby bind myself to the Terms and Conditions as set out in the booklet. I confirm that I have read and understood the Terms and Conditions. I confirm that the Bank Account details in section 4 are correct.			
Full Names Signatu	ure Date		
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## SECTION 7 - 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 M M D D	
Physical Address:		Postal Code
Postal Address:		Postal Code
Tel No. (w)	(h) Cell:	
eMail Address:		