



## **APPLICATION FOR INFLATION LINKED 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:			
Attach the following: Certified identity copy, a bank-stamped proof of bank details (less than 3 months old).			
SECTION 1 - Tick the box to select a term			
State the initial capital amount you wish to invest in the Inflation Linked RSA Retail Savings Bond. You will be required to deposit this exact amount to activate your Inflation Linked RSA Retail Savings Bond.			
3 – Year Bond			
Total Amount R			
PLEASE NOTE THAT INTEREST WILL BE PAID INTO YOUR DESIGNATED BANK ACCOUNT ON COUPON PAYMENT DATES			
<b>SECTION 2 - PERSONAL DETAILS -</b> Please attach your certified ID Copy and for a minor a certified birth certificate should be attached (should not be older than 3 months)			
Surname Full Names			
ID Number Date of Birth Y Y Y M M D D Tax Number Optional  Marital Status: Single Divorced Widow/Widower Office Optional			
SECTION 3 - CONTACT DETAILS			
Physical Address:			
Postal Code			
Postal Address:			
Cell:         Tel No. (w):         (h)			
eMail Address: Preferred Method of Correspondence: Post eMail			
SECTION 4 – BANK DETAILS - Please attach a bank stamped proof of banking details.			
Please attach a copy of your stamped bank statement or bank confirmation letter. If the applicant is a minor, the parent/ guardian's bank details can use used (Should not be older than 3 months) Failure to provide this will result in your application being rejected. Note: National Treasury does not accept bank details of third parties unless the applicant is a minor.			
Account Holder Name:			
Bank Name: Account No			
Type of Account: Branch Name: Branch Code:			
SECTION 5 - NEXT OF KIN CONTACT DETAILS			
Surname — Full Names —			
Physical Address:			
Postal Address			
Postal Address:			
Cell: Postal Code  Tel No. (w): (h)			
eMail Address:			





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SECTION 6 – ACCEPTANCE OF TERMS AND CONDITIONS		
By completing and signing this application form I hereby bind myself to the Terms and Con- Terms and Conditions of Purchase attached to this Application Form. I confirm that I have and the Terms and Conditions of Application. I confirm that the Bank Account details in Se	read and understo	and the Terms and Conditions of Purchase
Full Names	_ Signature	Date
SECTION 7 - PARENT/ GUARDIAN / POWER OF ATTORNEY		
Please attach the parent/guardian's certified ID copy. If you hold Power of Attorney please a Commissioner of Oath, you may be contacted to provide additional supporting docume. If you are acting on behalf of another person (either a minor or you hold a general power of att	entation (Documer	nts must be less than 3 months old)
Full Names	_ Signature	Date
ID Number Date of Birth Y Y Y M	M D D	
Physical Address:		Postal Code
Postal Address:		
		Postal Code
Cell:         Tel No. (w):	(h)	
eMail Address:		