



APPLICATION FOR TOP-UP RSA RETAIL SAVINGS BONDS INDIVIDUALS

PLEASE WRITE THE DETAILS IN BLACK AND WHERE APP	LICABLE IN CAPITAL LET	ERS.	
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 mo	nths old).	
SECTION 1			
State the initial capital amount you wish to start investin as your initial deposit to activate your RSA Retail Savings	Top Up Bond.		ired to deposit this exact amount
3 – year bond R			
THE INTEREST RATE WILL BE RESET EACH QUARTER AND INTEREST WILL BE CAPITALISED QUARTERLY			
SECTION 2 - PERSONAL DETAILS - 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		
Marital Status: Single Married Divorced	Date of Birth Y Y Y Widow/Widower	Y M M D D Tax Number	Optional
SECTION 3 - CONTACT DETAILS			
Physical Address:			
			— Postal Code
Postal Address:			
Cell: Tel No. (w): Preferred Method of Correspondence: Post			
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: E	Branch Name:	Bra	nch Code:
SECTION 5 - NEXT OF KIN CONTACT DETAILS			
Surname	—— Full Names ———		
Physical Address:			
•			Postal Code
Postal Address:			
Cell: Tel No. (w)	:	(h)	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 of Issue on the back of this Application Form and the Terms and Conditions of Purchase attached to this Application Form. I confirm that I have read and understood the Terms and Conditions of Purchase and the Terms and Conditions of Application. I confirm that the Bank Account details in Section 4 are correct and that the account is in my name.			
Full Names —		Signature —	Date



Cell:

eMail Address:



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SECTION 7 - GUARDIAN OR PARENT/ POWER OF ATTORNEY

Tel No. (w):

Please attach the parent/guardian's certified ID copy. If you hold Power of Attorney please attach the original power of attorney certified by a Commissioner of Oath, you may be contacted to provide additional supporting documentation (Documents must be less than 3 months old). If you are acting on behalf of another person (either a minor or you hold a general power of attorney for the applicant please complete the below fields in full. Full Names -Signature _ _ Date _ ID Number: Date of Birth: **Physical Address:** Postal Code Postal Address: Postal Code