



national treasury

Department:
National Treasury
REPUBLIC OF SOUTH AFRICA

Post Office Product Codes:
New Investor 299 | Existing Investor 306



APPLICATION FOR TOP-UP RSA RETAIL SAVINGS BONDS

INFORMAL GROUPS

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

Attach the following: Please attach a certified Constitution of the Informal Group, Bank statement in the name of the Informal group and the certified ID copies of the directors (certification should not be older than 3 months).

SECTION 1

State the initial capital amount you wish to start investing in the RSA Retail Savings Top Up Bond. You will be required to deposit this exact amount as your initial deposit to activate your RSA Retail Savings Top Up Bond.

3 – year bond

R _____

THE INTEREST RATE WILL BE RESET EACH QUARTER AND INTEREST WILL BE CAPITALISED QUARTERLY

SECTION 2 - INFORMAL GROUP'S DETAILS

Name of Informal Group: _____

Date of Acceptance of Informal Group's Constitution:

Y	Y	Y	Y	M	M	D	D
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Number of Members: 3 - 50 51 - 100 100+

Type of Informal Group: Church Social Work Other:

SECTION 3 - CORRESPONDENCE DETAILS

Physical Address: _____

Postal Code

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Postal Address: _____

Postal Code

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Cell:

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 Tel No. (w):

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 (h)

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Web Address (if applicable) www. _____ eMail Address: _____

Preferred Method of Correspondence: Post eMail

SECTION 4 – BANK DETAILS

Account Name: _____

Bank Name: _____ Account No. _____

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



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SECTION 5 - SIGNATORIES AND ACCEPTANCE OF TERMS AND CONDITIONS

By completing and signing this application form the abovementioned Informal Group hereby binds itself to the Terms and Conditions of Issue.

The abovementioned Informal Group confirms that it has read and understood the Terms and Conditions of Issue and the conditions stated on this application form above and confirms that the Bank Account details in section 4 are correct and that the account is FICA compliant and in the name of the Informal Group.

Full Names (Director 1) _____ Signature _____ Date _____

Physical Address: _____

Postal Code

Postal Address: _____

Postal Code

Cell: Tel No. (w): (h)

eMail Address: _____

Full Names (Director 2) _____ Signature _____ Date _____

Physical Address: _____

Postal Code

Postal Address: _____

Postal Code

Cell: Tel No. (w): (h)

eMail Address: _____

Full Names (Director 3) _____ Signature _____ Date _____

Physical Address: _____

Postal Code

Postal Address: _____

Postal Code

Cell: Tel No. (w): (h)

eMail Address: _____