



national treasury

Department:
National Treasury
REPUBLIC OF SOUTH AFRICA



WITHDRAWAL FORM

PLEASE NOTE

- All mandatory fields must be completed.
- Ensure that all information provided is accurate and all required documents as stated on the checklist are attached when sending this form.
- No instruction will be processed unless all the above requirements have been met.
- Withdrawal applications received after the 20th of each month will be processed the following month.
- Completed forms must be faxed to 012 315 5675 or emailed to queries@rsaretailbonds.gov.za
- Should you have any queries regarding this form, please contact us on 012 315 5888.

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

PERSONAL DETAILS* (Mandatory)

Surname: _____ Full Name: _____

Contact Number: _____ Email Address: _____

ID Number: Investor Number:

WITHDRAWAL INSTRUCTION* (Mandatory) *No payments shall be made after the 20th of the month.

DISCLAIMER

If you want to withdraw a partial amount from your Fixed Rate or Inflation Linked Bond, a minimum of R1000 of your capital must remain. If you want to withdraw from your Top Up Bond, a minimum of R250 must remain.

If your investment is younger than a year, the penalty levied on the amount you withdraw will be the forfeiture of (loss) of all interest earned on that withdrawal amount and the withdrawal will be processed within **15 business days**.

If your investment is older than a year, the penalty levied on the withdrawal amount will be calculated on the interest received on that withdrawal amount and the withdrawal will be processed within **7 business days**.

Tick the appropriate option

Full Withdrawal Partial Withdrawal | *If you want to withdraw only a portion of your investment, please indicate the amount.*

Amount: | R _____

Please list the investments from which you would like to withdraw from:

Investment Date: Investment Number/Internal Reference:

Amount: | R _____

Investment Date: Investment Number/Internal Reference:

Amount: | R _____

Investment Date: Investment Number/Internal Reference:

Amount: | R _____

Investment Date: Investment Number/Internal Reference:

Amount: | R _____



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Please provide a detailed reason for the withdrawal: _____

BANKING DETAILS* (Mandatory)

**If your banking details are different from your profile, you will be required to complete an Update of Details Form first before your withdrawal request is processed.*

Account Holder Name: _____

Bank Name: _____ Account No.

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

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SUPPORTING DOCUMENTATION* (check if all required documents are attached when sending this form and tick the relevant box on the below list).

**This form will not be accepted or processed without all the required documents. Please note that additional documents may be requested.*

- Certified ID Copy (not older than 3 months)
- Proof of Residence not older than 3 months (Utility Bill, affidavit, telephone account)
- Stamped banking details not older than 3 months (Bank statement, Bank Confirmation letter)
- Certified Birth Certificate not older than 3 months (If investment belongs to a minor)

INVESTORS SIGNATURE (Mandatory)

I confirm that all information provided in this form and all other documents signed by me in connection with this application, whether in my handwriting or not, are correct.

I consent to RSA Retail Savings Bonds processing my personal information according to the Terms and Conditions.

I confirm that RSA Retail Savings Bonds may accept instructions in the prescribed format by fax or via other electronic means.

Full Names and Surname: _____ Signature: _____ Date:

Y	Y	Y	Y	M	M	D	D
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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 with all FICA documents.

ID Number:

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Full Names and Surname: _____ Signature: _____ Date:

Y	Y	Y	Y	M	M	D	D
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