



**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 are to be faxed to us on 012 315 5675 or e-mailed to [queries@rsaretailbonds.gov.za](mailto: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 are withdrawing a partial amount from your Fixed Rate or Inflation Linked Bond, a minimum of R1000 of your capital must remain. If you are withdrawing 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 are only withdrawing 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 \_\_\_\_\_

**Helpline number:** 012 315 5888 | **Fax Number(s):** 012 315 5314 / 5675 | **Email:** [queries@rsaretailbonds.gov.za](mailto:queries@rsaretailbonds.gov.za)

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## WITHDRAWAL FORM

Please provide a detailed reason for withdrawing: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 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*

- ☐ Certified ID Copy (not less than 3 months old)
- ☐ Proof of residence (Utility bill, affidavit, telephone account, not more than 3 months old)
- ☐ Stamped banking details (Bank statement, bank account confirmation letter (not less than 3 months old))

### 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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