



## **APPLICATION FOR INVESTMENT RE-START**

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.
- Application for Investment Restart forms received after the 20th of each month will be processed at the prevailing rate of the following month.
- Completed forms are to be faxed to us on 012 315 5675 or e-mailed 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 IN CAPITAL LETTERS WHERE APPLICABLE.			
SECTION 1 - PERSONAL DETAILS			
Full Names & Surname ID Number			
Investor Number			
SECTION 2 - RESTART OPTION DETAILS			
Investment Reference Number			
Please tick the appropriate option.			
Re-start capital and accrued interest Re-start original invested amount only			
SECTION 3 - NEW INVESTMENT DETAILS			
Please tick the appropriate option.			
1 Fixed Rate Retail Savings Bond* 2 Interest Usage on New Investment			
2 Year			
SECTION 4			
Any Restart application form received after the 20th of the month will be processed in the following month. The interest rate of your Restarted Fixed-rate Retail Savings Bond investment shall be the prevailing interest rate on the restart date being the new settlement date. All investments that are Restarted to pay interest monthly, shall have their interest paid in arrears, that is, investments Restarted this month, shall have their interest paid at the end of the following month.			
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 Signature Date			





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GUARDIAN OR PARENT/ POWER OF ATTORNEY			
If you are acting on behalf of another person (eithe full, and if you are not a legal guardian of a minor c Commissioner of Oaths with all FICA documents.	·	· ·	
Full Names	Signature	 Date	
ID Number:			