



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: Copy of informal group's constitution, Certified identity book copies of three (3) duly authorised members and a bank stamped proof of bank details (less than 3 months old)

SECTION 1			
State the capital amount you wish to invest. 3 – year bond			
R The state of the			
Total Amount R			
ALL INTEREST WILL CAPITALISE AT THE INTEREST PAY	MENT DATES		
SECTION 2 - INFORMAL GROUP'S DETAILS			
Number of Members: 3 - 50 51 - 100 10	Y		
SECTION 3 - CORRESPONDENCE DETAILS			
Postal Address:			
Tel No. (Office)	Fax no:	Postal Code (Office)	
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:	
SECTION 5 - SIGNATORIES AND ACCEPTANCE	OF TERMS AND CONDITIONS		
By completing and signing this application form the aboveme of this form.	entioned Informal Group hereby binds itself to	o the Terms and Conditions of Issue as annotated at the back	
The abovementioned Informal Group confirms that it has read a and confirms that the Bank Account details in section 4 are con			
Full Names (Director 1)	Signature	Date	
Physical Address:			
		Postal Code	
D . IAII			
Postal Address:			
Tel No. (w) (h)		Postal Code Cell:	





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Full Names (Director 2)	Signature	Date
Physical Address:		
		Postal Code
Postal Address:		
		Postal Code
Tel No. (w)	(h) Cell:	
eMail Address:		
Full Names (Director 2)	Signature	Date
Physical Address:		
		Postal Code
Postal Address:		
		Postal Code
Tel No. (w)	(h) Cell:	Tostal Code [
eMail Address:		