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	IFM iReport User Application Form				
Itransact Fund Managers offer Inve online application. Please comple					
Date					
Role/ Access Type	Investor	Financial Advisor	Please mark wi	th an "X"	
Request Type	New	Disable	Rest Password	Please mark with an "X"	
Investor/ Entity Name					
Investor/ Entity Number (If Existing)					
User Name					
User Contact Number					
User Email Address					
Signed at	on this	s day of	20_		
Authorised Signatory (per application form)					
Please email the completed User R	Registration Form to <u>c</u>	admin@itransactfm.co.za c	and a consultant will cc	ontact you within 12 business	
hours to confirm your registration.					
Contact us on: Tel: 0861 11 60 75					
Fax: 011 561 6812 Email: admin@itransactfm.co.za					
For Office Use Only					
Sign Off		Name	Signature	Date	
IFM Manager AOS Manager				DD / MM / YYYY DD / MM / YYYY	
Implementer				DD / MM / YYYY	