

Branch Name



## IFM COLLECTIVE INVESTMENT SCHEMES

## **REPURCHASE FORM**

(To be completed by investors who wish to sell units from their collective investment scheme)

#### IMPORTANT INFORMATION

- 1 Please send documents to Itransact Fund Managers by either Fax 011 561 6812 or Email admin@itransactfm.co.za
- 2 The responsibility of transmitting the documents to Itransact Fund Managers lies with the sender. No application form is considered complete without all required documentation.

## **SECTION 1: INVESTOR DETAILS**

(Note: you are not required to provide any in the space provided.)	othe	er inve	estor	det	ails if	you	prov	vide	us v	with	you	ur in	vest	or n	umb	er
Investor Number																
Title	Mr		Ms [		Mrs			Dr		Р	rof		The	е Но	n [	
First Name or Trading Name (If a legal entity	') [															
Surname/Registered Name																
Company/Trust Registration Number																
Identity/Passport Number																
Note: If any of your contact details such as cellular number, home number or email address has changed since your initial investment, please provide updated details in the space below:												ice				
Office Telephone Number																
Home Telephone Number																
Cellular Telephone Number																
Email Address																
SECTION 2: INVESTOR BANK DETA	ILS															
Investor Bank Details (This bank account must be a South African bank account in the name of the investor or the investor's legal guardian in the case of a minor.)																
Name of Account Holder																
Name of Bank																
Account Number																

Branch Code									
Account Type									

If bank details are different from those which the administrator has on record for the investor, please include proof of bank account details with this form in the form of a copy of a cancelled cheque or current bank statement, not older than 3 months, which reflects the bank name, the account holder's full name and the bank account number. Please note that no credit card or Internet statements will be accepted.

## **SECTION 3: REPURCHASE DETAILS**

Collective Investment Scheme	Rand Amount	Or Units	Or %	<b>Cancel Debit Order</b>	Close Account
	R			Yes No	Yes No
	R			Yes No	Yes No
	R			Yes No	Yes No
	R			Yes No	Yes No
	R			Yes No	Yes No

#### Note to Investor.

- 1 Units will be disinvested by the Manager at the ruling price in accordance with the requirements of the Collective Investment Schemes Control Act and the relevant Trust Deed.
- 2 Repurchase instructions received before 15:00 will be processed for the same day's value date and units will be disinvested at the closing net asset value price for that day. Repurchase instructions received after 15:00 will only be processed on the next business day, at the net asset value of the next business day.
- 3 A 40 day holding period applies to any units bought by debit order and such units will not be sold until this period has expired.
- 4 The repurchase will reflect on your investor statement within 2 Business Days. The payment may take up to 5 to 7 Business Days to reflect in your bank account.
- 5 Please ensure that we receive your debit order cancellation or amendment instruction at least 5 business days before the debit order commencement or cancellation date which you have specified.
- 6 Capital Gains Tax liabilities may arise from the sale of units when effecting a repurchase transaction.

## SECTION 4: TERMS & CONDITIONS AND INVESTOR DECLARATION

- 1 The terms and conditions applicable to the Investor's investment in this product, as set out in the application form that was completed for investment into this product together with any subsequent amendments, apply to this transaction. The Investor is responsible for ensuring that he/she/it has read and understands such terms and conditions. A copy of these terms and conditions may be requested from the administrator
- 2 Where a financial services provider has advised the Investor on or otherwise assisted the Investor with this transaction, the Investor confirms that the financial services provider has provided the Investor with proof that the financial services provider is licensed under the Financial Advisory and Intermediary Services Act to provide such advice and/or other services. The Investor acknowledges that if the financial services provider and/or any representative that has advised or assisted the Investor is not appropriately licensed or authorised to do so, this may result in this instruction not being processed and the administrator cannot be held liable for any loss suffered as a result. The Investor acknowledges that such financial services provider acts as the Investor's agent and is not an agent of the administrator. The administrator is not liable for any act or omission of the financial services provider and/or any representative of the financial services provider.
- 3 The Investor confirms that he/she/it understands the nature and implications of this transaction.
- 4 The Investor acknowledges that before processing this instruction, the administrator may require the Investor to provide it with information and/or documents, for the purposes of the Financial Intelligence Centre Act, 2001.
- 5 The Investor confirms that all statements made and information provided on this form are correct.
- $6\,$  The Investor confirms that he/she/it has not received any advice from the administrator.

## PLEASE DO NOT SIGN THIS DOCUMENT UNTIL YOU HAVE READ THE FULLY COMPLETED FORM

				_ Dat	e (dc	dmm	ууу)		]				
Signature of Investor or duly authorised person/s for	or mine	or inv	esto	ors			ı		J		J		
Print Initials and Surname													
Signature of third party applicant or authorised rep	resent	tative	e of a				ууу)						
, , , , , , , , , , , , , , , , , , ,													
Print Initials and Surname													

# **SECTION 5: IMPORTANT CONTACT DETAILS**

**Investor Support Centre** 

 Telephone
 086 111 6075

 Fax
 011 561 6812

Email admin@itransactfm.co.za

**Website** www.itransactfm.co.za

**Physical Address** 15 Philips Street Ferndale Randburg South Africa 2194

**Postal Address** PO Box 4769 Randburg South Africa 2125

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