

# ITRANSACT FUND MANAGERS COLLECTIVE INVESTMENT SCHEMES

## ADDITIONAL INVESTMENT FORM FOR DEBIT ORDER AND LUMP SUM INVESTMENTS

(To be completed by investors who already have Collective Investment Scheme accounts and who wish to make additional debit order and/or lump sum investments)

### IMPORTANT INFORMATION

- 1 Please send documents to Itransact 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 form is considered complete without all required documentation.
- 3 Lump sum investments will only be processed upon proof of deposit of funds into the relevant inflow bank account associated with this product.**

### SECTION 1: INVESTOR DETAILS

**(Note: you are not required to provide any other investor details if you provide us with your investor number in the space provided.)**

Investor Number

Title Mr  Ms  Mrs  Dr  Prof  The Hon

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:**

Office Telephone Number

Home Telephone Number

Cellular Telephone Number

Email Address

### SECTION 2: GENERAL INVESTMENT DETAILS

Source of Funds Salary  Policy  Donation  Saving  Investment

Inheritance  Other  (Please Specify below)

**Minimum Recurring Premium R500.00**  
**Minimum Lump Sum Investment of R5 000.00**

**SECTION 3: INVESTMENT DETAILS**

Collective Investment Scheme Name	Debit Order Amount	Annual Increase	Lump Sum Amount
<input type="text"/>	R <input type="text"/>	<input type="text"/> %	R <input type="text"/>
<input type="text"/>	R <input type="text"/>	<input type="text"/> %	R <input type="text"/>
<input type="text"/>	R <input type="text"/>	<input type="text"/> %	R <input type="text"/>
<input type="text"/>	R <input type="text"/>	<input type="text"/> %	R <input type="text"/>
<input type="text"/>	R <input type="text"/>	<input type="text"/> %	R <input type="text"/>

**Please Note That:**

- Distributions of less than R100.00 per fund, will automatically be re-invested;

**Debit Order Information** (please mark selection)

Investment Intervals                      Monthly     Quarterly     Half Yearly     Annually

Annual Increase                              0%                       5%                       10%                       15%                       20%

Debit orders are collected on the 1st working day of every month

**Distribution Instructions** (Distribution instructions that were given by the investor on the original investment application shall apply to this additional investment application.)

**Method of Payment** (Note that Itransact Fund Managers does not accept cheques)

- Monthly Debit Order**  
Complete the debit order details in Section 7
- Electronic Collection by the Administrator**  
Electronic collection is restricted to a maximum of R500 000 per collection. The Administrator will debit your account within two business days of receiving the application form and all relevant documents. Please specify the amount in the Debit Order Bank Details section below. This facility is only available for lump sum contributions.
- Electronic Internet Transfer**  
Note that electronic/internet transfers may take up to two days to appear in the Itransact Fund Managers Inflow bank account indicated below. Lump sum investments will only be processed upon proof of deposit. Please furnish the administrator with proof of payment by either fax 011 561 6812 or email at admin@itransactfm.co.za New investors should use their South African identity number as a reference, existing investors may use their current Itransact investor number.

**SECTION 4: 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 as per Section 3)

Name of Account Holder

Name of Bank

Account Number

Branch Name

Branch Code

Account Type

**Debit Order Bank Details**

(Tick the box if debit order bank details are the same as the investor bank details above)

Name of Account Holder	<input type="text"/>
	<input type="text"/>
Name of Bank	<input type="text"/>
Account Number	<input type="text"/>
Branch Name	<input type="text"/>
Branch Code	<input type="text"/>
Account Type	<input type="text"/>

**Debit Order Authority**

- 1 I/We hereby request, instruct and authorise Itransact Fund Managers (RF)(Pty) Ltd, its successors or its assignees (“the Administrator”) to draw against my/our account with the bank noted above (or any bank or branch to which I/we may transfer my/our account).
- 2 I/We understand that all such withdrawals from my/our bank account shall be treated as though they have been signed by me/us personally.
- 3 I/We agree to pay any bank charges and costs relating to the debit order authority, including debit order rejection fees
- 4 I/We acknowledge that I/we may cancel this authority by giving Itransact Fund Managers Fund Managers (RF)(Pty) Ltd not less than 5 business days written notice.
- 5 I/We agree that receipt of this instruction by Itransact Fund Managers (RF (Pty) Ltd shall be regarded as receipt thereof by my/our bank.

\_\_\_\_\_ Date (ddmmyyyy)

**Signature of Bank Account Holder**

Print Initials and Surname

**SECTION 5: 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 Itransact Fund Managers (RF)(Pty) Ltd.
- 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 details of any such financial services provider must be set out in section 7 below.)  
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 Itransact Fund Managers (RF)(Pty) Ltd 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 Itransact Fund Managers (RF)(Pty) Ltd. Itransact Fund Managers (RF)(Pty) Ltd 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 and has obtained the product information relating to the investments that will be made pursuant to this transaction. The Investor confirms that he/she/it understands the nature of such investments and the risks associated with such investments. (Product information is available from Itransact Fund Managers (RF)(Pty) Ltd on request.)
- 4 The Investor confirms that all statements made and information provided on this form are correct.



**Please Select Applicable Option:**

- The FSP is appointed:  On a non-discretionary basis  
 On a full discretionary basis, in which case proof of authority must be provided

\_\_\_\_\_ Date (ddmmyyyy)

**Signature of Authorised Financial Service Provider/Representative**

Print Initials and Surname

**SECTION 7: FINANCIAL SERVICES PROVIDER AND FINANCIAL ADVISOR DETAILS**

**Financial Service Provider Details**

Name of Financial Services Provider (If a legal entity)

Financial Services Provider Code with Itransact (House Code)

Tick the box if the details below are the same as the FSP details above

**Financial Advisor/Representative Details**

First Name

Surname

Financial Advisor/Representative Code with IFM

**SECTION 8: IMPORTANT CONTACT DETAILS**

**Investor Support Centre**

Telephone 1 08605  
 Fax 011 561 6812  
 Email admin@itransactfm.co.za

**Website**

www.itransactfm.co.za  
 28 Peter Place Lyme Park Sandton South Africa 2060  
 PO Box 4769 Randburg South Africa 2125

**Physical Address**

**Postal Address**