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## STATIC DETAIL AMENDMENT FORM

### SECTION A : INVESTOR'S DETAILS

Existing Investor Number													
Title							Surname						
Full First Name / s													
ID / Registration Number													

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### SECTION B : CHANGE OF NAME

Please provide a copy of the new identity document with three ( 3 ) specimen signatures and a copy of marriage certificate (where applicable).

Title				Previous Name			
Current Name							

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### SECTION C : CHANGE OF CONTACT DETAILS

Physical Address													
										Code			
Postal Address													
										Code			
Telephone (Home)													
Telephone (Work)													
Telephone (Fax)													
Telephone (Mobile)													
Email Address													

Please ensure that the email address is accurate, as all correspondence will be sent via email. However in the absence of an email address all correspondence will be delivered to the Postal Address provided.

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**SECTION D : CHANGE OF BANK ACCOUNT DETAILS**

Please attach a cancelled cheque or relevant bank statement not older than three ( 3 ) months.

<b>Name of Account Holder</b>			
<b>Bank Name</b>			
<b>Branch Name</b>		<b>Branch Code</b>	
<b>Account Number</b>			
<b>Type of account</b>	<b>Current</b> <input type="checkbox"/>	<b>Savings</b> <input type="checkbox"/>	<b>Transmission</b> <input type="checkbox"/>

**SECTION F : CHANGE DEBIT ORDER DETAILS**

- The Investor hereby instructs and authorises the Administrator to collect the following sum on a monthly basis from his / her bank account specified, on the 1st of every month. Furthermore the Investor understands that should the 1st fall on a Saturday, Sunday or Public Holiday, the amount will be debited the first working day thereafter.
- The Investor understands that he / she may cancel this authority by providing the Administrator with written notice before the 20<sup>th</sup> of the month preceding the next debit order.

<b>Cancel Debit Order Amount</b> <input type="checkbox"/>	<b>Last collection date</b> 01 / _____ / _____
<b>Change Debit Order Amount</b> <input type="checkbox"/>	<b>Total New Amount to be collected R</b> _____
<b>Change Debit Order Escalation %</b>	5% <input type="checkbox"/> 10% <input type="checkbox"/> 15% <input type="checkbox"/> 20% <input type="checkbox"/>
<b>Debit Order Collection Frequency</b>	Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi – Annually <input type="checkbox"/> Annually <input type="checkbox"/>

I / We acknowledge that the party hereby authorised to effect the drawing(s) against my / our account may not cede or assign any of its rights to any third party without my / our prior written consent and that I/we may not delegate any of my / our obligations in terms of this contract / authority to any third party without prior written consent of the authorised party.

Signature of Account Holder

Date : D

D M M Y Y Y Y

**Special Instructions**


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Signed at (*Place*) :

\_\_\_\_\_

Date : D D M

M Y Y Y Y

Investor's Signature :

If this investor is under the age of eighteen (18) :

Relationship to the investor : Parent

OR

Legal Guardian

Full name of Authorised Representative :

\_\_\_\_\_

Signature of Authorised Representative :