

debit order rework form

Please complete all sections in full using block letters. Note that all applications cannot be processed without proof of deposit. Indicate all options selected by means of an X.

Investor name Investor number

Investment strategy

1 debit order increase

Please increase my debit order as follows:

Investment vehicle

From R to R

Effective

Debit order instructions must reach **acsis** by the 22nd of the month to be processed for the next month.

Escalation rate per year (optional) 10% 15% 20%

2 debit order decrease

Please decrease my debit order as follows:

Investment vehicle

From R to R

Effective

3 debit order termination

Please terminate my debit order of:

R Investment vehicle

Effective

investor signature

Investor signature

Date (yyyymmdd)

financial planner declaration

I confirm that:

- I have established and verified the identity and residential address of the client/investor and, where applicable, the person acting on behalf of the client/investor in accordance with the requirements of the Financial Intelligence Centre Act (Act 38 of 2001), and the regulations thereto
- I have made the necessary disclosures to rule 4.1 and 4.2 of the Policyholder Protection Rules (Long-Term Insurance), which are required to be made by me to the applicant herein.

Name of financial planner

Financial planner signature

for office use only			to be completed by SP
	Administration %	Financial planner %	Total %
Initial debit order fee	<input type="text"/>	<input type="text"/>	<input type="text"/>