

Third Party Indemnity Form
(for a sell instruction)

When you complete this form, you give permission for the proceeds of your sell instruction to be paid into a third party bank account. This is a once-off instruction only.

Please send this completed form, the sell instruction and supporting documents (if applicable) to UTinstructions@satrxsupport.co.za
If you have any queries, please contact us on **0860 111 401** or email unitrusts@satrx.co.za

Important Information

- All fields in this form are compulsory and must be completed in full.
- Please initial the bottom of each page as well as any changes made on this form.
- Any writing / instruction outside of the allocated fields will not be processed.
- This instruction will only be processed once we receive the fully completed, dated and signed form, with all the necessary supporting documents. This includes your verified bank account details and **Financial Intelligence Centre Act 38 of 2001 (FICA) requirements**, if applicable.

1. Investor details

(All fields are compulsory)

Please note: the following details must be completed in the name of the registered investor, regardless of who the payer is.

Investor code: _____

Title: _____

Surname / registered name of legal entity: _____

Full name(s): _____

Identity number / passport number / registration number: _____

Contact telephone number: _____ E-mail address: _____

Please note: If you have provided different contact details on this form to what we currently have on our records, your details will not be updated until we receive a completed **Investor Details Update Form**, available on www.satrx.co.za

2. Withdrawal options

Name of fund to be withdrawn: _____ Class: _____ **1**

All units **or** Amount (R): _____ **or** Number of units: _____

Cancel my debit order Yes No

Name of fund to be withdrawn: _____ Class: _____ **2**

All units **or** Amount (R): _____ **or** Number of units: _____

Cancel my debit order Yes No

Name of fund to be withdrawn: _____ Class: _____ **3**
 All units **or** Amount (R): _____ **or** Number of units: _____

Cancel my debit order Yes No

Name of fund to be withdrawn: _____ Class: _____ **4**
 All units **or** Amount (R): _____ **or** Number of units: _____

Cancel my debit order Yes No

3. Third party bank account details

Full name(s) and surname of bank account holder / registered name of legal entity:
 (as registered with the bank)

ID number / passport number / entity registration number (to whom funds must be paid): _____

Bank name: _____
 Bank account number: _____
 Branch name: _____

Type of account:
 Current Savings Transmission
 Branch code (6 digit): _____

4. Terms and conditions

- We (Satrix) accept that the instructions we receive are correct and signed by the authorised individual or signatory / ies.
 - This indemnity instruction will be processed as a once-off instruction only.
 - We can only process your instruction once we have received the correct and accurately completed form and the required supporting documents. If an instruction is issued incorrectly, is unclear, incomplete, or if the supporting documents are not received by the cutoff time, the processing of the transaction will be delayed.
 - Your transaction will be priced using the ruling price of the fund for the day the transaction is processed i.e., the day we receive all of the required information. Any loss will be for the investor's account.
 - All the fields in this form are compulsory and must be completed in full. If you leave out any fields, it may result in a delay in processing your request.
 - We will only carry out this instruction if all changes made to this form are initialled, the instruction form is complete and supported by accurately completed documents.
 - We or our authorised agents cannot be held responsible for direct or any indirect damages that arise as a result of us acting on the instructions in this form. The investor and beneficiary (or any other third party) indemnifies us, our directors, employees, representatives and agents against any claim that may result from us acting on the instruction in this form.
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Investor declaration

I authorise Satrix to pay the proceeds of the once-off sell instruction as stated in section 2 into the third party bank account specified in section 3.
 I confirm that I have read, understood and agree to the terms and conditions in section 4.

Signature of investor: _____ **Date:** _____ (ddmmccyy)

OR

Authorised signatory/(ies) acting on behalf of the investor

(e.g. parents / guardians of a minor, and all persons authorised to act on behalf of the investor)

Unit Trust Third Party Indemnity Form

Title: _____
Capacity: _____
Surname: _____
Full name(s): _____
ID number / Passport number: _____
Contact telephone number: _____ E-mail address: _____

Authorised signatory/(ies): _____ **Date:** _____ (ddmmccyy)

Authorised signatory/(ies): _____ **Date:** _____ (ddmmccyy)

Broker / Sanlam financial adviser details (if applicable)

Surname: _____
Full name(s): _____ Code: _____
Contact telephone number: _____ E-mail address: _____

Important information

SATRIX Managers (RF) (Pty) Ltd is an authorised financial services provider (FSP No. 15658) and a registered and approved Manager in Collective Investment Schemes in Securities. Collective investment schemes are generally medium- to long-term investments. Past performance is not necessarily a guide to future performance, and that the value of investments / units / unit trusts may go down as well as up. A schedule of fees and charges and maximum commissions is available from the Manager on request. Collective investments are traded at ruling prices and can engage in borrowing and scrip lending. The Manager does not provide any guarantee either with respect to the capital or the return of a portfolio. The manager has the right to close the portfolio to new investors in order to manage it more efficiently in accordance with its mandate.