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| --- |
| **SECTION A: INVESTOR DETAILS (To be completed by the investor.)** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title |  | | | First name(s) and surname | |  | | |
| South African identity or foreign passport no | | |  | | Country in which passport was issued | | |  |
| Tax reference no (if applicable) | |  | | | Country of tax registration | |  | |

**PRODUCT TO BE TRANSFERRED FROM**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Product provider name | |  | | | Tax-free savings account name | | | |  | |
| No of tax-free savings account from which funds will be transferred | | | | |  | | | | | |
| Contact person at transferring product provider | | | |  | | | Email |  | | |
| Tel no |  | | Transfer type: | Partial transfer | Full transfer | Estimated value of transfer | | | | R |

**Note**

Please ensure that all of the transferring product provider’s requirements are met when submitting the Tax-free Savings Account

Transfer Request Form to the provider. If these requirements are not met, the transfer process cannot take place.

**INVESTOR DECLARATION**

I hereby request that the abovementioned tax-free savings account funds be transferred to the product provider and account detailed in Section B.

I confirm that all the information provided above is true and correct.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature of investor |  |  | Date |  |

|  |  |
| --- | --- |
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| **SECTION B: TRANSFER TO (To be completed by the receiving product provider.)** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Product provider name | **Nedbank Ltd** |  | Company registration no | | **1951/000009/06** |
| Tax reference no | **9250083715** |  | Tax-free savings account name | | **Nedbank Tax-free Savings Account** |
| Tax-free savings account no (if applicable) | |  | Contact person | | **Nedbank Contact Centre** |
| Tel no | **0800 555 111** |  | |  | |
| Email address for receipt of tax-free savings account transfer certificate | | | | [tfstransfers@nedbank.co.za](mailto:tfstransfers@nedbank.co.za) | |

**BANKING DETAILS OF RECEIVING PRODUCT PROVIDER (if applicable)**

|  |  |  |  |
| --- | --- | --- | --- |
| Bank | **Nedbank** | Account no | **1230802711** |
| Branch code | **198765** | Name of account | **Tax-free Savings Account** |
| Reference | **Client ID number/Passport number** |  |  |

**ON BEHALF OF RECEIVING PRODUCT PROVIDER**

We will accept the above tax-free savings account transfer and confirm that:

* the above transfer request will be processed according to the regulations published in terms of section 12T(8) of the Income Tax Act; and
* the account into which the funds will be transferred is a tax-free savings account as defined in section 12T of the Income Tax Act.
* Note: It can take up to 10 days for the tax-free transfer process to be completed between financial institutions.