

- Please send the completed form and documentation to 086 680 3187 (fax) or [taxfree@coronation.co.za](mailto:taxfree@coronation.co.za).
- Should you have any queries or if you would like an investment quote for comparison purposes, kindly call us on 0800 22 11 77 or email [clientservice@coronation.co.za](mailto:clientservice@coronation.co.za).

### A: IMPORTANT INFORMATION

- This form is to be completed for full or partial transfers from the Coronation Tax-Free Investment to another tax-free product provider.
- Coronation reserves the right to do a 100% transfer if a request for a partial transfer would result in a remaining balance of less than R5000.

### B: INVESTOR DETAILS

Full name: \_\_\_\_\_

ID number: \_\_\_\_\_ Coronation investment number: \_\_\_\_\_

Contact telephone (home): ( \_\_\_\_\_ ) \_\_\_\_\_ Email address: \_\_\_\_\_

I am acting on behalf of an investor.

*For example, guardians and persons with Power of Attorney or mandate acting on behalf of disabled or insolvent persons.*

Full name: \_\_\_\_\_ ID (or Passport Number): \_\_\_\_\_

Contact telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email address: \_\_\_\_\_



### C: TRANSFER FROM: TRANSFEROR PRODUCT PROVIDER DETAILS

Product provider name: **Coronation Management Company (RF) (Pty) Ltd**

Tax-free savings product name: **Coronation Tax-Free Investment**

Coronation Tax-Free Investment number: \_\_\_\_\_

Estimated value of transfer: R \_\_\_\_\_

Contact details of transferring product provider: \_\_\_\_\_

Email address: [transact@coronation.co.za](mailto:transact@coronation.co.za) Contact number: 0800 22 11 77

Transfer type:  Rand value or  Units (participatory interest)

Transfer amount:  100% / Full transfer or  Partial transfer

If partial transfer is selected, please specify the amount to be transferred below:

UNIT TRUST FUND	Rand amount*	or	% of holding
_____	R _____	or	_____ %
_____	R _____	or	_____ %
_____	R _____	or	_____ %
_____	R _____	or	_____ %
_____	R _____	or	_____ %
_____	R _____	or	_____ %

\* Confirm any minimum or maximum amount with receiving product provide



*If selecting a unit transfer type, please ensure that the receiving product provider is able to accommodate the unit trust fund that you are invested in.*

### D: INVESTOR DECLARATION

➤ I hereby request that the above mentioned Tax Free Savings Account be transferred to the Product Provider and Product detailed in Section E below.

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

Signature of investor or authorised signatory:

SIGN WITHIN THE BOX

Date: \_\_\_\_\_ [d] / \_\_\_\_\_ [m] / \_\_\_\_\_ [y]



**E: TRANSFER TO: RECEIVING PRODUCT PROVIDER DETAILS**

Product provider name: \_\_\_\_\_

Company registration number: \_\_\_\_\_ Tax reference number: \_\_\_\_\_

Tax-free savings account product name: \_\_\_\_\_

Tax-free savings account number to be transferred into (if applicable): \_\_\_\_\_

Contact person: \_\_\_\_\_

Contact telephone number: ( \_\_\_\_\_ ) \_\_\_\_\_ Email address: \_\_\_\_\_

Email address for receipt of tax-free savings account transfer certificate: \_\_\_\_\_

Reference number for transfer: \_\_\_\_\_

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

Bank: \_\_\_\_\_ Account number: \_\_\_\_\_

Branch: \_\_\_\_\_ Branch code: \_\_\_\_\_

Name of account: \_\_\_\_\_

Payment reference number (optional): \_\_\_\_\_

**UNIT TRANSFER ACCOUNT DETAILS\*\* (if applicable)**

UNIT TRUST FUND	Management company	Bulk account / Account Number into which units (participatory interests) are to be transferred

\*\* Please attach the bulk account / account details in an additional annexure if required

**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 in terms of the Regulations published in terms of Section 12T(8) of the Income Tax Act; and
- ▶ The account to be transferred into is a Tax-free savings account as defined in Section 12T of the Income Tax Act.



Name of representative: \_\_\_\_\_

Capacity of representative: \_\_\_\_\_

Signature of authorised signatory:

SIGN WITHIN THE BOX

Date: \_\_\_\_\_ [d] / \_\_\_\_\_ [m] / \_\_\_\_\_ [y]

or

Company stamp/electronic signature