

**1. Investor Details**

Name of SatrixNOW Account Holder
SatrixNOW User ID (your 5/6 digit SX number)

**2. Bank Account Details**

Bank Account Holder Name
Bank Name (eg. FNB, Nedbank etc)
Branch Name
Branch Number ( 6 digits only)
Account Number (please do NOT use Credit card number)
Type of Account (Cheque/Savings/Transmission)

**3. Authorisation**

I/We hereby authorise Satrix to issue and deliver payment instructions to my/our banker for collection against my/our Designated Account at my/our above mentioned bank. I authorise Satrix to draw against my/our Designated Account on the day of each month/quarter/year/other for the amount determined below.

Please initiate my Debit Order as follows:	
Rands	Cents
First Payment Month	First Payment Year
Frequency of Debit Order (e.g. monthly, quarterly, annually)	
Day of the month on which debit order must run	

**4. Debit Order Annual Contribution Increase**

<b>Should you wish to increase your Debit Order contribution annually each year, please indicate this below:</b>
Percentage increase per annum (5% / 10% / 15% / 20%)
Other (custom) %
Effective Date (dd/mm/yyyy)

5. Fund Selection

ETF Selection	Value	SatrixNOW Account	TFSA Account
1.			
2.			
3.			
4.			
5.			
6.			
7.			
<b>CALCULATED TOTAL</b>			
Please ensure that the calculated total alongside matches the amount of the debit order captured in section 3 above.			

6. Existing SatrixNOW Account Holder?

Does the bank account holder have a verified SatrixNOW account using these bank details?	YES	NO
<p>If YES,</p> <ol style="list-style-type: none"> <li>Please enter the 5 / 6 digit UserID of that account here - SX</li> <li>Ignore section 7 below and sign at the bottom of page 3</li> </ol> <p>If NO, please skip section 7 below before signing the form</p>		

7. Bank Account Holder Personal Details?

Please note this section is ONLY to be completed by bank account holders that do not have a SatrixNOW account with us

**Personal Details**

Title*	FirstName*	LastName*
Gender*	Nationality Country*	Country of Residence*
Date of Birth*	Identity Number*	Marital Status*
	Earnings Status*	Source of Funds*

**Address Details**

Unit Number	Complex Name
Street Number*	Street Name*
Suburb*	City*
Postal Code*	Province*

**Contact Details**

Phone Number* (10 digit)	Phone number type
Country Dialing code* (eg. +27)	
Email Address*	

**9. Debit Order Terms and Conditions**

- 9.1 Where you have elected to pay money into your Account by means of Debit Order, this Annexure B will be subject to the terms and conditions of the Agreement, including without limitation, clause 13 thereof.
- 9.2 If the date of the Debit Order falls on a non-processing day (i.e. a day which is not a Business Day) you agree that the Debit Order may be debited against your Designated Account on the following Business Day. Subsequent Debit Orders will continue to be delivered in terms of this Debit Order Authority until the obligations in terms of this Agreement have been paid or until this Debit Order Authority is cancelled by you, by giving Satrix notice in terms of clause 13.9(2) of the Agreement.
- 9.3 You acknowledge that all Debit Orders issued by you shall be treated by Satrix's nominated bank as if the instructions had been issued by you personally.
- 9.4 You agree that the cancellation of your Debit Order Authority in this Agreement is not a cancellation of the SatrixNOW Terms and Conditions Agreement entered into with Satrix and is not a cancellation of your Orders for Recurring Investments.
- 9.5 The persons signing this Debit Order Authority in a representative capacity or as an Authorised User, warrant their authority to do so.

Name and Surname \_\_\_\_\_ Signature \_\_\_\_\_

Effective Date (dd/mm/yyyy) \_\_\_\_\_

Name and Surname of Parent/Guardian (if applicable) \_\_\_\_\_ Signature \_\_\_\_\_

Effective Date (dd/mm/yyyy) \_\_\_\_\_