



- Manual clients incur an additional fee (over and above the platform fee) of 0.05%
- Please note that you will only be able to switch back to online transacting 6 months after your last conversion
- All distributions are automatically reinvested, net of costs.
- Statements will only be available quarterly, you may contact the client services centre to obtain your latest balance



- View the full list of funds and the Minimum Disclosure Documents (MDD's) with applicable fund minimums and fees, refer to [www.satrix.co.za](http://www.satrix.co.za)
- The terms and conditions are available on the web or through the following link: [\(Terms & Conditions\)](#)
- If you cannot access the link provided above this can be obtained from our Client Services Centre or directly from our website [www.satrixnow.co.za](http://www.satrixnow.co.za)
- Initial any changes you make on the form.
- The registered investor or authorised signatory must date and sign the form.
- Complete and return the following sections if applicable:
  - **Authorisation from bank account holder** - Form A



**If the bank account holder is a third party the following verification documents are required, further document :**

**Individuals**

- Copy of the third party's identity document.

**Non-individuals**

- A letter from the legal entity stating the list of authorised signatories.
- Copies of verification documents to verify the legal entity.
- Proof of address -utility bill not older than 3 months.
- Proof of banking details (copy of a bank statement, not older than 3 months) that includes a bank logo and date stamp.



**Our contact details**

**Please send the completed form and supporting documents to:**

E-mail [instructions@satrixno.za](mailto:instructions@satrixno.za)  
Postal PO Box 41149, Craighall 2024

Tel 010 020 2250  
E-mail: [Helpme@satrixnow.co.za](mailto:Helpme@satrixnow.co.za)  
Website [www.satrix.co.za](http://www.satrix.co.za)



Turnaround  
Time

The turnaround time for your instruction will be **7 business days** from receiving all necessary and completed documentation. Instructions received on public holidays and weekends or after **13:00** on a business day will be deemed to have been received on the following business day.

**All required documents must be provided before we can process your instruction.**

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## 1. Investor details

Full SatrixNow account number \_\_\_\_\_

Title \_\_\_\_\_

Full name(s) and surname / Name of Legal Entity \_\_\_\_\_

ID number / Legal Entity Registration number \_\_\_\_\_

**OR**

Passport Number (if foreign national): \_\_\_\_\_

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## 2. Investor declaration

I / We confirm that I / we:

- have read and understood the important notes, on the first page as well as the terms and conditions.
- have the authority and am / are legally competent to enter into and conclude this transaction, with the necessary legal assistance when it is required.
- are aware that the legal guardian must sign the instruction on behalf of a minor (if applicable).

Signature of Investor \_\_\_\_\_

Date \_\_\_\_\_ (ddmmccyy)

Authorised signatory\* \_\_\_\_\_

Date \_\_\_\_\_ (ddmmccyy)

Authorised signatory\* \_\_\_\_\_

Date \_\_\_\_\_ (ddmmccyy)

\*Authorised signatories acting on behalf of the investor (e.g. parents / guardians of a minor and persons authorised to act on behalf of the investor).

### 3. Investment Instruction

Please select the fund you would like to invest in, and indicate the amount you would like to invest.

Please review the full list of funds and the Minimum Disclosure Documents (MDD's) with applicable fund minimums and fees, refer to [www.satrix.co.za](http://www.satrix.co.za)

Fund range	Lump sum deposit (R)	Monthly recurring debit order (R)	**Tax Free Savings Account Transfer (R)
Satrix Top 40 ETF			
Satrix Divi ETF			
Satrix Fini ETF			
Satrix Indi ETF			
Satrix Rafi ETF			
Satrix Swix ETF			
Satrix Resi ETF			
Satrix Quality ETF			
Satrix Momentum ETF			
Satrix MSCI World ETF			
Satrix MSCI Emerging Markets ETF			
Satrix S&P500 ETF			
Satrix Nasdaq 100 ETF			
Satrix Ilbi ETF			
Satrix Property ETF			

\*If you intend to transfer money into your Tax Free Savings Account from another Tax-Free Product, please provide your fund choice and an estimate of the amount under Tax-Free Savings Account Transfer\*.

## 4. KYC Questions

### 4.1 Source of Income

Please specify what your primary source of income?

- |                                  |   |                                      |   |
|----------------------------------|---|--------------------------------------|---|
| <input type="checkbox"/> Bonus   | <input type="checkbox"/> Commission             | <input type="checkbox"/> Fees        | <input type="checkbox"/> Inheritance                  |
| <input type="checkbox"/> Rental  | <input type="checkbox"/> Rental Income          | <input type="checkbox"/> Inheritance | <input type="checkbox"/> Interest and Dividends       |
| <input type="checkbox"/> Gifts   | <input type="checkbox"/> Retirement Proceeds    | <input type="checkbox"/> Salary      | <input type="checkbox"/> Proceeds from sale of assets |
| <input type="checkbox"/> Savings | <input type="checkbox"/> Other (Please specify) |                                      |   |

### 4.2 Source of Account Funds

Please select the source of funds from which your accounts will be funded.

- |                                  |   |                                      |   |
|----------------------------------|---|--------------------------------------|---|
| <input type="checkbox"/> Bonus   | <input type="checkbox"/> Commission             | <input type="checkbox"/> Fees        | <input type="checkbox"/> Inheritance                  |
| <input type="checkbox"/> Rental  | <input type="checkbox"/> Rental Income          | <input type="checkbox"/> Inheritance | <input type="checkbox"/> Interest and Dividends       |
| <input type="checkbox"/> Gifts   | <input type="checkbox"/> Retirement Proceeds    | <input type="checkbox"/> Salary      | <input type="checkbox"/> Proceeds from sale of assets |
| <input type="checkbox"/> Savings | <input type="checkbox"/> Other (Please specify) |                                      |   |

### 4.3 Current Earning Status

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Private Sector Employment                 | <input type="checkbox"/> Retired    |
| <input type="checkbox"/> Public Sector Employment                  | <input type="checkbox"/> Student    |
| <input type="checkbox"/> Self-employed / Consultant / Entrepreneur | <input type="checkbox"/> Unemployed |

### 4.4 Income Band (R)

- |  |   |
|--|---|
| <input type="checkbox"/> 0 – 189, 880        | <input type="checkbox"/> 555, 601 – 708, 310    |
| <input type="checkbox"/> 189, 881 – 296 540  | <input type="checkbox"/> 708, 311 – 1, 500, 000 |
| <input type="checkbox"/> 296, 541 – 410, 460 | <input type="checkbox"/> 1,500, 000 and above   |

## 5. Payment instructions

You have the following options for payment:

### 5.1 We collect funds via debit order

- ☐ Monthly debit order on the ☐ 1st ☐ 25<sup>th</sup> day of month starting \_\_\_\_\_ (mmccyy)  
Annual increase \_\_\_\_\_ %

### Debit Order banking details

- ☐ Debit order is from my existing bank account  
OR  
☐ Debit order is from my new bank account (**Complete Section 4**)  
OR  
☐ Debit Order is from a third party bank account (**Complete Form A**)

OR

### 5.2 You pay via an Electronic Fund Transfer (EFT)

- ☐ Lump sum deposit

Bank:	ABSA Bank
Branch:	Investor Services
Branch Code:	336005
Account number:	4064804630
Reference:	Please use your SatrixNow SX Account number

OR

### 5.3 Transferring in from another Tax-Free Product Provider

☐ Tax Free lump sum transfer

- In addition to this form, a Tax Free Savings Account Transfer form is required to be completed. Please contact our Client Contact Centre to obtain this form.

Transferring Tax-Free Product Provider name \_\_\_\_\_

Tax Free Savings Account number to be transferred from \_\_\_\_\_

## 6. Investor banking details

Use bank details for the following:

☐ Debit order

Payments will only be made into the account of the registered investor. Payments cannot be made to third parties.

Bank account holder \_\_\_\_\_

ID number / Entity registration number \_\_\_\_\_

Name of bank \_\_\_\_\_

Account number \_\_\_\_\_

Name of branch \_\_\_\_\_

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

Type of account      Current ☐      Savings ☐

I instruct and authorise Satrix or its agents to draw direct debits from my bank account as per my instruction in sections 3 and 5.

Signature of bank account holder \_\_\_\_\_ Date \_\_\_\_\_ (ddmmccyy)

Authorised signatory on bank account \_\_\_\_\_ Date \_\_\_\_\_ (ddmmccyy)  
(if applicable)

Authorised signatory on bank account \_\_\_\_\_ Date \_\_\_\_\_ (ddmmccyy)  
(if applicable)



## Form A

### Authorisation from bank account holder

- Complete and submit this section if the payment is from a third party's bank account.
- Copy of Identity document is required for the third party payer.

### Third party information

Title \_\_\_\_\_ First name(s) \_\_\_\_\_

Surname \_\_\_\_\_

Date of birth \_\_\_\_\_ (ddmmccyy) Country of birth \_\_\_\_\_

ID number \_\_\_\_\_

**OR** Passport (if foreign national): \_\_\_\_\_ **OR** Social security number \_\_\_\_\_

Number \_\_\_\_\_

Expiry date \_\_\_\_\_ (ddmmccyy)

Country \_\_\_\_\_

Residential address \_\_\_\_\_

Postal code \_\_\_\_\_

Country \_\_\_\_\_

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

Cell / Mobile \_\_\_\_\_

Relationship to investor \_\_\_\_\_

Occupation \_\_\_\_\_

Self Employed ☐ Yes ☐ No

Nature of self-employment \_\_\_\_\_

Please specify where the funds for this investment come from.

☐ Salary ☐ Inheritance ☐ Savings ☐ Bonus ☐ Other (Specify) \_\_\_\_\_

### Third party banking details

Bank account holder \_\_\_\_\_

Name of bank \_\_\_\_\_

Account number \_\_\_\_\_

Name of branch \_\_\_\_\_

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

Type of account Current ☐ Savings ☐

### Declaration

I instruct and authorise Satrix or its agents to draw direct debits against my bank account as per the instruction in section 1 and 3.

Signature of bank account holder \_\_\_\_\_ Date \_\_\_\_\_ (ddmmccyy)

Authorised signatory on bank account \_\_\_\_\_ Date \_\_\_\_\_ (ddmmccyy)