

15/09/2022

Dear Mr. Test Testing

Contract Number: INV123459

Plan: Plan 1

Congratulations and welcome to investing in your dreams. We at **Random Investing** are grateful that you have chose us to make this dream into a reality.

Feel free to contact us on our email address : **invest@dummygmail.com**

Our passion is to create wealth for our client's that would last a lifetime. The company, that makes money work for you.

Creating a family legacy is challenging so let the professionals assist you to accomplish your hearts desires.

Kind Regards,

The CEO

Chief Executive officer

Ephesians 3v20: God can do anything, you know—far more than you could ever imagine or guess or request in your wildest dreams!

Random Investors
C: 012 345 6789 T: 012 345 6789
01 Random Street, Road, Place, Kwa-Zulu Natal
Director: The CEO

Contract Number: INV123459

Plan: Plan 1

Client Name: Mr. Test Testing

Identity Number: 1234567890123

Start Date: 9/15/2022 9:40:05 AM

Term: 1 Months

End Date: 10/7/2022 9:40:05 AM

Amount Invested: 100

Guaranteed Amount Paid at end of Term: 110 including Capital and interest

Kindly complete the Beneficiary details below and return to us via email:

invest@dummygmail.com

Beneficiary Details:

Current

Update

Name and Surname:	<u>Test Testing</u>
Client Identity Number:	<u>1234567890123</u>
Contact Number (Cell):	<u>0123456789</u>
Whatsapp Number:	<u>0123456789</u>
Email Address:	<u>test@gmail.com</u>

Bank Details On Record

Name Of Bank:	<u>Bank 1</u>
Account Type:	<u>Personal</u>
Account Number:	<u>123456</u>
Branch Code:	<u>987654</u>

Signature of Client: _____

Date: _____

Terms And Conditions

1. Early withdrawals and plan Cancellation will be charged an admin fee of R1000.
2. Withdrawals and Access to funds is strictly for the duration of the term. Only, under certain conditions part/full withdrawals would be allowed.
3. Withdrawals will only be paid to the Investors bank account. Payments to third party accounts must be done with a commissioner of oaths authorising such transactions.
4. In the event of Death , Disability or Illness of the Policy Holder the following process must be followed :- Death - Beneficiary to complete the necessary forms (Death Claim Forms) and attach certified ID copy, Bank statement not older than 3 months and Certified Death Certificate.
5. Disability/Illness – The Policy Holder needs to provide in writing what he or she wants do with the policy.
6. Does he/she want to continue with the policy till end of term date and earn full interests.
7. Cancel and Cash in the policy with pro rata interest if full term is not reached (Certified ID , Bank Statement to be provided)

Kindly ensure that your ID NUMBER is always used as the reference on the proof of payment .

Our Banking details are below.

Name Of Bank:	A Bank
Account Type:	BUSINESS ACCOUNT
Account Number:	123456789101112
Branch Code:	123456
Swift Code:	ABC123
Reference Number:	1234567890123