##### Directive Request FORM E Header Record

The format of the header record is provided in Table 3‑29.

Table 3‑29: Directive Request FORM E Header Record Layout

| **Name** | **Description** | **Length** | **Occur** | Validation | **Remarks** |
| --- | --- | --- | --- | --- | --- |
| SEC-ID | File section identifier | 1 | 1 | ‘H’ |  |
| INFO-TYPE | Information type | 8 | 1 | ‘FORME’ | (1), (2) |
| INFO-SUBTYPE | Information sub-type | 8 | 1 | Blanks | (3) |
| TEST-DATA | Test data indicator | 1 | 1 | ‘Y’ or ‘N’ | (9) |
| FILE-SERIES-CTL | File series control field | 1 | 1 | ‘S’ | (10) |
| EXT-SYS | External system identification | 8 | 1 | ISP0901 | (1), (2), (8) |
| VER-NO | Interface version number | 8 | 1 | ‘3’ ~~‘2’~~ | (1), (4), (5) |
| OWN-FILE-ID | Unique file identifier | 14 | 1 | Alphanumeric | (1), (2), (6) |
| GEN-TIME | Date and time of file creation | 14 | 1 | CCYYMMDDhhmmss | (7) |

Remarks:

1. Blank-padded
2. Left-justified
3. The sub-type field is not used and must contain blanks
4. Right-justified
5. Version number increases whenever there is a change to this file layout
6. The sending system will insert an identifier that will uniquely identify the file
7. The date and time of file creation in the form of CCYYMMDDhhmmss, where:

CC is the century

YY is the year

MM is the month

DD is the day in month

hh is hours

mm is minutes

ss is seconds

1. This field contains the identification of the REQUESTOR (ISP0901 system parameter)
2. If the value of this field is Y, the information in this file must not be applied to the production database of the receiving system. If the value of this field is N, the information must be applied to the production database. Alternatively, the file must be rejected
3. This field must always contain the character S

##### Directive Request FORM E Data Record

This data record contains FORM E directive requests.

FORM E directive requests must be submitted when a person has reached retirement age and wishes to exercise benefits accrued in a retirement annuity policy.

The format of each FORM E data record is provided in Table 3‑30.

Mandatory fields are specified in the introduction to this directive request.

Table 3‑30 Directive Request FORM E Data Record Layout

| **Name** | **Description** | **Length** | **Occur** | **Validation** | | **Remarks** | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| SEC-ID | File section identifier | 1 | 1 | ‘R’ | |  | |
| REQ-SEQ-NUM | Directive request ID number | 20 | 1 | Alphanumeric | | (1), (2), (8) | |
| FUND-PAYE-NO | Fund PAYE reference number | 10 | 1 | Numeric | | (17) | |
| FUND-NAME | Fund’s name | 120 | 1 | Alphanumeric | | (1), (2), (19) | |
| FSB-REGIS-NO | FSB registration number | 19 | 1 | Alphanumeric | | (1), (2), (28) | |
| FUND-NUMBER | Approved fund number | 11 | 1 | Numeric | | (27) | |
| INSURER-FSB-REGIS-NO | FSB Registered Insurer number (Also referred to as a Life License Number) | 12 | 4 | | Alphanumeric | | (1), (2), (24) |
| FUND-CREATE-REASON | Fund created reason | 2 | 1 | | Alphanumeric | | (29) |
| OTHER-FUND-CREATE-REASON-DESC | If the fund/insurer has been indicated as ‘Other’, description of ‘Other’ must be provided | 30 | 1 | | Alphanumeric | | (30) |
| FUND-POST-ADDRESS | Fund’s postal address | 35 | 4 | Alphanumeric | | (1), (2) | |
| FUND-POST-CODE | Fund’s postal code | 10 | 1 | Alphanumeric | | (1), (2) | |
| FUND-DIAL-CODE | Fund’s dialling code | 10 | 1 | Alphanumeric | | (1), (2), (19) | |
| FUND-TEL-NO | Fund’s telephone number | 10 | 1 | Alphanumeric | | (1), (2), (19) | |
| FUND-CONTACT-PERSON | Contact person at the fund | 120 | 1 | Alphanumeric | | (1), (2), (19) | |
| IT-REF-NO | Income Tax reference number | 10 | 1 | Numeric | | (10) | |
| NO-IT-REF-REASON | Reason why Income Tax reference number is not provided | 2 | 1 | Alphanumeric | | (11) | |
| NO-IT-REF-REASON-TEXT | Free text reason when the ‘No Income Tax reference number’ reason code is ‘Other’ | 65 | 1 | Free text | | (1), (2), (5) | |
| TP-ID | Taxpayer SA ID number | 13 | 1 | Numeric | | (9) | |
| TP-OTHER-ID | Taxpayer other ID | 18 ~~15~~ | 1 | Alphanumeric | | (1), (2), (9) | |
| TP-POLICY-NO | Retirement annuity/pension policy number | 15 | 1 | Alphanumeric | | (1), (2) | |
| TP-DOB | Member date of birth | 8 | 1 | Numeric | | (6) | |
| TP-SURNAME | Taxpayer surname | 120 | 1 | Alphanumeric | | (1), (2) | |
| TP-INITS | Taxpayer initials | 5 | 1 | Alphanumeric | | (1), (2) | |
| TP-FIRSTNAMES | Taxpayer first names | 90 | 1 | Alphanumeric | | (1), (2) | |
| TP-RES-ADDRESS | Residential address | 35 | 4 | Alphanumeric | | (1), (2) | |
| TP-RES-CODE | Residential postal code | 10 | 1 | Alphanumeric | | (1), (2) | |
| TP-POST-ADDRESS | Postal address | 35 | 4 | Alphanumeric | | (1), (2) | |
| TP-POST-CODE | Postal code | 10 | 1 | Alphanumeric | | (1), (2) | |
| TAX-YEAR | Tax year for which the directive is requested | 4 | 1 | CCYY | | (7) | |
| DIR-REASON | Reason for directive | 2 | 1 | Alphanumeric | | (12) | |
| TP-ANNUAL-INCOME | Taxpayer annual income for the applicable tax year | 13 | 1 | Numeric | | (3), (13), (15) | |
| GROSS-LUMP-SUM | Gross amount of lump sum payment (including amount attributed to non-member (divorced spouse )) | 15 | 1 | Numeric | | (3), (4) | |
| LUMP-SUM-ACCRUAL-DATE | Lump sum accrual date | 8 | 1 | CCYYMMDD | | (6) | |
| FULL-RA-VALUE | Total value of full annuity | 15 | 1 | Numeric | | (3), (4), (16) | |
| EMAIL-ADDRESS-ADMINISTRATOR | Administrator email address | 50 | 1 | Alphanumeric | | (19) | |
| BENEFIT-PAYABLE-TO | Benefit payable to member / Former member or next generation Annuitant | 1 | 1 | ‘1’, ‘2’ | | (18) | |
| BENEFIT-COMMUTED-BEFORE | Was any value or part of the annuity or the retirement interest commuted before | 1 | 1 | ‘Y’, ‘N’ | | (20) | |
| RET-INT-AT-RET-DATE | Retirement Interest at Retirement Date | 15 | 1 | Alphanumeric | | (3), (4) | |
| ID-ORIG-MEMBER | ID number of original member | 13 | 1 | Numeric | | (9) | |
| OTHER-ID-ORIG-MEMBER | Other ID number of original member | 18 | 1 | Alphanumeric | | (9) | |
| NAME-ORIG-MEMBER | Name of original member | 120 | 1 | Alphanumeric | | (1), (2) | |
| XFER-TO-INSURER | Transfer benefit to another long term Insurer | 1 | 1 | ‘Y’, ‘N’ | | (20) | |
| TRF-FUND-NAME | Registered name of the transferee Insurer | 120 | 1 | Alphanumeric | | (1), (2), (26) | |
| TRF-FSB-REGIS-INS-NO | FSB Registered Insurer number (Also referred to as a Life License Number) of the transferee Insurer | 12 | 1 | Alphanumeric | | (1), (2), (24) | |
| TRF-AMT | Amount transferred to another fund before retirement | 15 | 1 | Numeric | | (3), (4), (23) | |
| TRF-FUND-EMAIL | E-mail address of transferee Insurer (to be used when SARS does not receive the Recognition of Transfer of funds) | 50 | 1 | Alphanumeric | | (23), (26) | |
| TRF-FUND-TEL-WORK | Telephone number (Including dialling code) of transferee Insurer (to be used when SARS does not receive the Recognition of Transfer of funds) | 20 | 1 | Alphanumeric | | (1), (2),  (26) | |
| TRF-FUND-CELL | Cell number of transferee Insurer (to be used when SARS does not receive the Recognition of Transfer of funds) | 20 | 1 | Alphanumeric | | (1), (2), (26) | |
| PURCHASED-ANNUITY-INDICATOR | Was any portion of the benefit used to purchase an annuity/pension for a nominee(s) | 1 | 1 | Alphanumeric  ‘Y’ or ‘N’ | | (20) | |
| ANNUITY-SURNAME-NOMINEE | Surname of nominee | 120 | 4 | Alphanumeric | | (1), (2), (25) | |
| ANNUITY-NAMES-NOMINEE | First name(s) of nominee | 90 | 4 | Alphanumeric | | (1), (2), (25) | |
| ~~ANNUITY-INITS-NOMINEE~~ | ~~Initials of nominee~~ | ~~5~~ | ~~4~~ | ~~Alphanumeric~~ | | ~~(1), (2), (25)~~ | |
| ID-NOMINEE | ID number of nominee | 13 | 4 | Numeric | | (9), (25), | |
| ANNUITY-OTHER-ID-NO-NOMINEE | Other ID No of nominee | 18 | 4 | Alphanumeric | | (1), (2), (9), (25), | |
| ANNUITY-POLICY-NO-NOMINEE | Annuity/pension policy number | 20 | 4 | Alphanumeric | | (1), (2), (5), (25) | |
| AMOUNT-NOMINEE | The amount of the annuity/pension purchased for the nominee | 15 | 4 | Numeric | | (3), (4), (25) | |
| ANNUITY-INSURER-NOMINEE | Name of registered insurer where annuity/pension was purchased | 120 | 4 | Alphanumeric | | (1), (2), (5), (25) | |
| ANNUITY-INS-EMAIL-NOMINEE | E-mail address of Transferee Fund/Insurer (to be used when SARS does not receive the Recognition of purchased annuity/pension) | 50 | 4 | Alphanumeric | | (23), (25) | |
| ANNUITY-FSB-REGIS-INS-NO-NOMINEE | FSB Registered Insurer number (Also referred to as a Life License Number) (Nominee/Beneficiary) | 12 | 4 | | Alphanumeric | | (1), (2), (24), (25) |
| ANNUITY-INS-TEL-WORK-NOMINEE | Telephone number (Including dialling code) of Transferee Fund/Insurer (to be used when SARS does not receive the Recognition of purchased annuity/pension) | 20 | 4 | | Alphanumeric | | (1), (2), (25) |
| ANNUITY-INS-CELL-NOMINEE | Cell number of Transferee Fund/Insurer (to be used when SARS does not receive the Recognition of purchased annuity/pension) | 20 | 4 | Alphanumeric | | (1), (2), (25) | |
| SPECIAL-COND-INSTR | State if the purchase of the annuities are/transfer of the benefit is subject to special conditions (If applicable add reference to the fund rules) | 120 | 1 | Alphanumeric | | (1), (2), (5) | |
| NON-RESIDENT-IND | Non-resident indicator | 1 | 1 | Alphanumeric  ‘Y’ or ‘N’ | | (5) | |
| ~~SERV-REND-OUTSIDE-REP-IND~~ | ~~Were any services rendered outside the Republic during the period of membership?~~ | ~~1~~ | ~~1~~ | ~~Alphanumeric~~  ~~‘Y’ or ‘N’~~ | | ~~(5)~~ | |
| ~~SERV-REND-CONTRIB-FUND-MONTHS~~ | ~~Total no. of months services were rendered while contributing to fund~~ | ~~4~~ | ~~1~~ | ~~Numeric~~ | | ~~(3)~~ | |
| ~~SERV-REND-OUTSIDE-REP-MONTHS~~ | ~~Total no. of months services were rendered outside the Republic while contributing to fund~~ | ~~4~~ | ~~1~~ | ~~Numeric~~ | | ~~(3)~~ | |
| DECLARATION-IND | I declare that the information furnished is true and correct in every respect | 1 | 1 | ‘Y’, ‘N’ | | (22) | |
| PAPER-RESP | Paper response indicator | 1 | 1 | ‘Y’, ‘N’ | | (14) | |

Remarks:

* 1. Blank-padded
  2. Left-justified
  3. Right-justified and zero-filled
  4. The two rightmost digits denote Cents. The remainder denote the Rand amount. The value must be set to zero if not provided
  5. Optional field and contains blanks if not provided
  6. The date must be fully provided in the form of CCYYMMDD, where:

CC is the century

YY is the year

MM is the month

DD is the day in the month

* 1. The tax year must be fully provided as CCYY, where CC is the century and YY is the year
  2. A unique serial identifier is allocated by the REQUESTOR. This identifier must be alphanumeric and may not be repeated in any subsequent directive request. This identifier is also used to associate benefit details records from the benefit details file to this request
  3. One and only one of these fields must be supplied. The other ID number shall only be specified if the taxpayer does not have a South African ID number
  4. The Income Tax reference number may only be omitted if the taxpayer is not registered as a taxpayer. A reason must be provided for the omission. **NOTE**: If the taxpayer is registered and the application is submitted without a tax number the directive will be declined. The tax reference number must be provided.
  5. The reason why an Income Tax reference number is not provided may be one of the following:

02 – Unemployed

99 – Other (Text reason must be provided)

* 1. Reason codes for this application may be found in Appendix A
  2. Amount rounded to the nearest Rand value
  3. If this indicator is set to ‘Y’ then a printed directive will be posted to the fund address specified on the directive request. The printed directive will be in addition to the directive issued in electronic form. If the indicator is set to ‘N’ then a directive will be issued in electronic form only
  4. Annual income includes all income, i.e. salary remuneration, earnings, emoluments, wages, bonus, fees, gratuities, commission, pension, overtime payments, royalties, stipend, allowances and benefits, interest, annuities, share of profits, rental income, compensation, honorarium. Is mandatory if the date of accrual is prior to 1 March 2009.
  5. Where the reason for directive is ‘Par (c) Living Annuity Commutation’ or ‘GN 16 Existing Annuity commutations’ the Total value of annuity must be the same as the lump sum benefit payable
  6. Mandatory. This is the fund’s PAYE reference number that must start with ‘7’
  7. Indicates if the benefit is payable:

1 – Member / Former Member

2 – Next Generation Annuitant

* 1. This is a mandatory field. E-mail addresses must be in a valid format.
  2. Value can be only ‘Y’ or ‘N’, will be defaulted to ‘Y’ if not provided
  3. The gross amount of lump sum payment may be zero in cases where the member elects to utilise the gross amount of total benefit to purchase annuities, meaning no gross amount of lump sum payment is taken.
  4. If ‘No’ is selected, the directive application will be declined. If ‘Yes’ the capturer declares that all the information provided on the application form is correct and can be liable for any loss to the fiscus due to incorrect information provided.
  5. This is a mandatory field when annuities are purchased, and when supplied, must contain information which is in a valid e-mail address format.
  6. This is the registration number, as allocated by the FSB (Financial Services Board), (Also referred to as a Life License Number) and must be provided in the format 10/10/1/ follows by 4 digits. If the FSB number does not consist of 4 digits, after the 10/10/1/ zeroes must be inserted **in front** of the number to avoid the decline of the directive. If the zeroes are entered after the FSB registered insurer number it will not match the validation and the application will be declined.
  7. Benefit purchased indicator may be set to either ‘Y’ or ‘N’. ~~and fund paying annuity indicator can’t both be set to ‘Y’ or ‘N’, excluding public sector funds, where the member may elect to purchase one or more annuities and leave an amount remaining in the fund.~~
* If PURCHASED- ANNUITY-INDICATOR is set to ‘Y’ :

The following fields are compulsory:

Surname of nominee

First name(s) ~~Initials~~ of nominee

ID No of nominee or Other ID No of Nominee

Annuity/pension policy number

Annuity/pension amount

Name of registered long term insurer

E-mail address of long term insurer

FSB Registered Insurer Number (starts with 10/10/1/4 digits)

Telephone number (Including dialling code) of long term insurer

Cell number of long term insurer

**Please note** where one of the abovementioned fields are supplied the other fields **must** also be supplied.

* 1. Benefit transfer indicator may be set to either ‘Y’ or ‘N’.
* If XFER-TO-INSURER indicator is set to ‘Y’ :

The following fields are compulsory:

Name of registered long term insurer

FSB Registered Insurer Number (starts with 10/10/1/4 digits)

Transfer amount

E-mail address of long term insurer

Telephone number (Including dialling code) of long term insurer

Cell number of long term insurer

**Please note** where one of the abovementioned fields are supplied the other fields **must** also be supplied.

* 1. The approved fund number allocated by SARS. This number must be provided if the fund is a Public sector fund. Approved funds **must only use the FSB registration number**. Refer to remark 28.
  2. This is the registration number, as allocated by the FSB (Financial Services Board), and must be provided in the format 12/8/8888888/999999, where 888888 is the registered fund or registered umbrella fund number and 999999 is the participating employer number. Approved funds must only use the FSB number in the correct format. If the FSB number does not consist of 7 digits, after the 12/8/ zeroes must be inserted **in front** of the number to avoid the decline of the directive. If the zeroes are entered after the FSB number it will not match the validation and the application will be declined.
  3. Fund created reason may be one of the following:

01 - Public sector fund

02 - Approved fund

03 - Insurer

99 - Other

* 1. If the fund/insurer has been indicated as ‘Other’, please specify the description of ‘Other’

##### Directive Request FORM E Trailer Record

The file trailer record contains the file integrity check fields. Table 3‑31 provides the format of the trailer section.

Table 3‑31: Directive Request FORM E Trailer Record Layout

| **Name** | **Description** | **Length** | **Occur** | Validation | **Remarks** |
| --- | --- | --- | --- | --- | --- |
| SEC-ID | File section identifier | 1 | 1 | ‘T’ | (1), (2) |
| REC-NO | Number of directive requests in this file | 8 | 1 | Numeric | (1), (2), (3) |
| GROSS-LS-SUM | Aggregate of GROSS-LUMP-SUM fields in the file | 20 | 1 | Numeric | (1), (2), (4) |
| FULL-RA-VALUE-SUM | Aggregate of FULL-RA-VALUE fields in the file | 20 | 1 | Numeric | (1), (2), (4) |
| RET-INT-AT-RET-DATE | Aggregate of RET-INT-AT-RET-DATE fields in the file | 20 | 1 | Numeric | (1), (2), (4) |
| AMOUNT-NOMINEE | Aggregate of AMOUNT-NOMINEE fields in the file | 20 | 1 | Numeric | (1), (2), (4) |

Remarks:

1. Zero-filled
2. Right-justified
3. This is the total number of records in the data record section of the file. It is used to check the file integrity
4. The two rightmost digits denote Cents and the remainder denote the Rand amount