



FOLPIC

JOURNEY TO YOUR WEALTH

MEMBERSHIP CANCELLATION FORM

For OFFICE USE ONLY							
Shareholder Account No.	F	L	P	C			
Date Received			-			-	
Received by							
Signature							

Type of Person			
Please Tick =>	Individual	<input checked="" type="checkbox"/>	Company

INVESTOR DETAILS

Important Notes Before Completing the Form:

1. The form **MUST** be completed by the shareholder/ Beneficiary in **BLOCK LETTERS**
2. Please **DO NOT** sign on a blank form
3. Please **tick** to indicate your choices
4. Complete either as **Main Member** or **Beneficiary/Assignee**

Mandatory documents:

1. Certified copy of the Of the ID or Passport

Type of Applicant	Main Member	<input checked="" type="checkbox"/>	Beneficiary		Assignee	
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Applicant Details	
FULL NAMES	PAKAMA
SURNAMES	MAGIDE LA
IDENTITY NUMBER	8611200567085
TEL NUMBER WORK	
CELL NUMBER	073 774 9446
EMAIL ADDRESS	MAGIDLA@HEALTH.GOV.ZA

Type of Transaction (Please tick One)	Withdrawal		Cancellation	<input checked="" type="checkbox"/>	Other(specify):	
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Reasons for Withdrawal	Financial Reasons	<input checked="" type="checkbox"/>	Low Returns		Unsatisfactory Service		Other (Specify)	
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Banking Details to Credit Proceeds				
Bank Name	Branch Code	Account Name	Account Number	Account Type
FNB	250 655	PAKAMA MAGIDEA	62627095707	CHEQUE

1. Terms and Conditions of Withdrawal Cancellation

1.1. Shareholder contribution shall continue for a period of five (5) years, thereafter a review will be undertaken by the board of the company, however:

1.2. **Involuntary** circumstances like death, disability or retrenchment have a negative impact on member contributions

1.2.1. In case of death, a beneficiary listed on the Investor Confirmation Letter can choose to cash out the funds, continue with the contribution or keep the existing historically accumulated funds within FoLPIC

1.2.2. In case of permanent disability, after proving legitimate and valid disability, the shareholder can choose to cash out the funds, continue with the contribution or keep the existing accumulated funds within FoLPIC

1.2.3. In case of a retrenched shareholder, the following must be adhered to:

1.2.3.1. Inform FoLPIC in writing by providing a notice letter of retrenchment from the employer.

1.2.3.2. Once FoLPIC is satisfied as to the eligibility of retrenchment, the shareholder can decide to cash out the funds (no penalties) or keep the accumulated funds with FoLPIC for a maximum period of 6 months, after which, an automatic pay-out is done by the company.

1.3. **Voluntary exits: Definition;** - Investor/share holder file a notice of termination of contributions for any other reason other than the reasons defined in **clause 1.2** of the rules.

1.4. In all cases of Voluntary exit from the company; such action will attract a mandatory penalty of 25% on the accumulated funds contributed to date.

1.5. The remaining 75% will be paid to the nominated bank account as stated in the withdrawal form.

1.5.1. Shareholders exiting the company as defined in **clause 1.2** above must submit a notice of intention to exit the company and cease being a shareholder within Three (3) calendar months prior exiting date.

I hereby declare that I am the shareholder/beneficiary/Assignee of the above funds with FOLP Investment Company LTD (PTY). I would like to withdraw the foresaid investment.

I request you to process the withdrawal request and pay the applicable surrender value (if any) after adjusting applicable charges (if any).



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I

FOLP
with
cease to exist.

understand once
processed,
shareholding with
investment along
other benefits will

Name of Signatory	PAKAMA MAGIDEA
Place Signed	PRETORIA
Date	07/07/2017
Signature	<i>Magidele</i>

 **REPUBLIC OF SOUTH AFRICA**
NATIONAL IDENTITY CARD

Surname: **MAGIDELA**
Names: **PAKAMA**
Sex: **F**
Nationality: **RSA**
Identity Number: **8611200587085**
Date of Birth: **20 NOV 1986**
Country of Birth: **RSA**
Status: **CITIZEN**


Signature: 




Conditions

This card has been issued by the Department of Home Affairs in terms of the Identification Act, Act 68 of 1987.

If found please return to the Department of Home Affairs. For enquiry or verification purposes contact 0800 80 11 80.

Date of issue: **31 MAY 2017**



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