

Investor Application Form

FOR OFF	[CE	US	SE	ON	LY		
Investor Account No							-
Commencement Date							
Au thorising Officer							

Investor details

Type of entity	Company	Individual	X			
Entity Name	MATODZI MATSHIDZE					
Identity no/ Registered no	8207125889082					
Date of Birth/Inception	1982 07 12					
Residential address	2662 HICOLLS STREET					
	MATURE	MA EXT	7. 19			
Postal code	2095					

Contact Person

Title	MR				
First Name	MATOBZI				
Surname	MATSHIDZE				
Telephone (W)	016 950 9711				
Cell	063 693 9249 / 083 966 1743				
Email	desmatodzi@gmail.com				
Nationality	SOUTH AFRICAN				
Identity No	8207125889082				
Next Of Kin	ELISA MATSHIDZE				
Next of Kin contact details	076 543 1283 073 628 9852				
Investment Details					
Monthly Contributions	R (000)				
Commencement Date	26 HOVEMBER 2016				
Beneficiary Details (Not applicable to businesses)					
Name & Surname	ELISA MATSHIDZE				
Identity Number	6203240706089				
Residential address	3245 HERMAHUS STR. GRLANDO EAST, 1804				
Tel/cell	076 543 1283 / 073 628 9852				



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23/11/2016

Signature of Investor

Place

Date