

Membership Cancellation/ Withdrawal Application Form

1. FOR OFFICE USE ONL				
Shareholder Account No		2. Type of En	2. Type of Entity	
770000000000000000000000000000000000000		Company	Individual	
Date received	Entity Name	Kattes	no Modise	
Authorising	Identity no/ Registered no	740814	7408140487081	
Officer				

3. Investor details

Important Notes:

- 1. The form to be completed by the shareholder/ Beneficiary in BLOCK LETTERS
- 2. Please do not sign on a blank form
- 3. Please tick or circle to indicate your choices
- 4. Complete either as Main member or Beneficiary/ Assignee

Mandatory documents:

1. Citified copy of the Of the ID or Passport

	Mai <u>n Membe</u> r		
Title	MYS		
Full Name (s) of shareholder	Katlego		
Surname	Modise		
Identity No	7408140487081		
Telephone (W)	0826204234		
Cell	7408140487081 0308207237 0828207237		
Email	Ktg. Modice e gmail. con	1	
	2. Beneficiary or Assignee		
Title	Er beneficial y of Assigned		
Full Names of the Beneficiary			
Identity No			
Telephone (W)			
Cell			
Email			
4.	Types of Transaction		
Voluntary withdrawal or Cancellation		IX	
Involuntary withdrawal or Cancellation			
Trivolutitally Withdrawal of Caricellati	OII		
5.	Reasons for Withdrawal / Cancellation		
Financial Reasons			
Unsatisfactory Returns			
Unsatisfactory Services			
Other Reasons Please specify			
SOUTH THE PARTY OF			
6. 1	Banking Details		
Account Holder Name	Kattego Modise		
Bank Name	FMB		
Account Number	62356321978	62356321978	
Branch Name	Centurion		
Branch Code	261550		



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 job 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 the disability through South African sanction legally accepted documents, 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 adhere to:
 - 1.2.3.1. Inform FoLPIC in writing regarding retrenchment with a proof (notice letter of retrenchment from the employer)
 - 1.2.3.2. Once vetting has been done regarding 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 7.1 of the rules.
- 1.4. In Voluntary exit from the company; such action will attract a mandatory penalty of 25% on the accumulated funds resulting to the company deducting the penalty fee percentage and paying out difference to the shareholders nominated bank account as stated in the application form in FOLPIC administration records.
 - 1.4.1. Shareholders exiting the company as defined in 7.2 must submit a notice of intention to exit the company and cease being a shareholder within Three (3) calendar months prior exiting date.

Declaration:

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I hereby submit that I am the shareholder/beneficiary/Assignee of investment acc no The Coowith FOLP Investment
Company LTD (PTY). I would like to voluntarily withdraw/cancel the foresaid investment. I request you to process the
withdrawal/cancellation request of my investment acc and pay the applicable surrender value (if any) after adjusting applicable charges (if any). I Mr./Mrs./Ms KOLLOOD COLOR. Age P. Resident of AL. S. C. P. C. C. F. C. C. C. Here declare and affirm that the details provided in this form
applicable charges (if any), I Mr./Mrs./Ms
are correct and accurate. I do hereby agree to receive the surrender value payable under the investment terms and
conditions, after the applicable charges. Further I confirm that the information provided by me herein true and correct. I
confirm and stand indemnity towards FOLP Investment for any incorrect wrongful refund obtained by me.

I understand post processing the surrender request for my investment account No FUCCO my investment with FOLP investment along with other benefits as mentioned in the investment contract will cease to exist.

Signature of Investor

Place

Date