

# MEMBERSHIP CANCELLATION FORM

| For                        | OF | ICE | USE | ON | LY |   |  |
|----------------------------|----|-----|-----|----|----|---|--|
| Shareholder<br>Account No. | F  | L   | Р   | С  |    |   |  |
| Date Received              |    |     | -   |    |    | - |  |
| Received by                |    |     |     |    |    |   |  |
| Signature                  |    |     |     |    |    |   |  |

|                | Type of Per | son |         |
|----------------|-------------|-----|---------|
| Please Tick => | Individual  | V   | Company |
|                |             |     |         |
|                |             |     |         |
|                |             |     |         |
|                |             |     |         |

Assignee

## **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:

**Type of Applicant** 

**CELL NUMBER** 

**EMAIL ADDRESS** 

1. Certified copy of the Of the ID or Passport

Main Member

|                 | Applicant Details |
|-----------------|-------------------|
| FULL NAMES      | Zandile Estrio    |
| SURNAMES        | Msibi             |
| IDENTITY NUMBER | 8112080493088     |
| TEL NUMBER WORK | 0832122876        |

Beneficiary

Type of Transaction (Please tick One) Withdrawal Cancellation Other(specify):

regmail.com

Reasons for Financial Low Unsatisfactory Other (Specify)



| Banking Details to Credit Proceeds |             |               |                |              |  |
|------------------------------------|-------------|---------------|----------------|--------------|--|
| Bank Name                          | Branch Code | Account Name  | Account Number | Account Type |  |
| FNB                                | 250841      | Zandile Msibi | 62039789021    | 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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2.0

I



understand once processed, shareholding with investment along other benefits will

FOLP with cease to exist.

| Name of Signatory | Zandile Msil |
|-------------------|--------------|
| Place Signed      | Kagisp       |
| Date              | 06/05/17     |
| Signature         |              |



## Membership Cancellation/ Withdrawal Application Form

| 1. FOR OFFICE             | USE ONLY |   |               |            |
|---------------------------|----------|---|---------------|------------|
| Shareholder<br>Account No |          |   | 2. Type of En |            |
| Date                      |          | *************************************** | Company       | Individual |
| received                  |          | Entity Name                             |               |            |
| Authorising               |          | Identity no/<br>Registered no           | FLPCO         | 44         |
| Officer                   |          |   |               |            |

## 3. Investor details

### **Important Notes:**

- 1. The form to be completed by the shareholder/ Beneficiary in BLOCK LETTERS
- Please do not sign on a blank form
  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

| 3.1. Ma                                | ain Member                          |
|--|-------------------------------------|
| Title                                  | IMS                                 |
| Full Name (s) of shareholder           | Zondile Estric                      |
| Surname                                | Msibi                               |
| Identity No                            | 8112080493088                       |
| Telephone (W)                          | 0932122876                          |
| Cell                                   | 0837122876                          |
| Email                                  | msibi. Zaah@gmail. com              |
| 3.2. B                                 | eneficiary or Assignee              |
| Title                                  | MY                                  |
| Full Names of the Beneficiary          | Grant Matsexa                       |
| Identity No                            | 7507245435083                       |
| Telephone (W)                          | 0782304850                          |
| Cell                                   | 07813048,50                         |
| Email                                  | grant, matsheta@gmail.com           |
| 4. Тур                                 | es of Transaction                   |
| Voluntary withdrawal or Cancellation   |                                     |
| Involuntary withdrawal or Cancellation |                                     |
| 5. Rea                                 | asons for Withdrawal / Cancellation |
| Financial Reasons                      |                                     |
| Unsatisfactory Returns                 | V .                                 |
| Unsatisfactory Services                |                                     |
| Other Reasons Please specify           |                                     |
| 6. Bank                                | king Details                        |
| Account Holder Name                    | Zandile Msibi                       |
| Bank Name                              | First National Bank                 |
| Account Number                         | 62039789021                         |
| Branch Name                            | Westgate                            |
| Branch Code                            | 250841                              |



#### **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:**

| Company LTD (PTY). I would like to volu     | er/beneficiary/Assignee of investment acc nontarily withdraw/cancel the foresaid investment. I requested investment acc and pay the applicable surrender value (if a              | st you to process the      |
|---|---|----------------------------|
|   | s Age Age   |                            |
| of  | do here declare and affirm that the deta  | ails provided in this form |
| conditions, after the applicable charges. I | ree to receive the surrender value payable under the inve<br>Further I confirm that the information provided by me he<br>LP Investment for any incorrect wrongful refund obtained | erein true and correct. I  |
|   |   |                            |

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

Signature of Investor

Place

Date