



FOLPIC

JOURNEY TO 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 | | 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 | | Beneficiary | | Assignee | |
|-------------------|-------------|--|-------------|--|----------|--|

| | Applicant Details |
|-----------------|-------------------|
| FULL NAMES | |
| SURNAMES | |
| IDENTITY NUMBER | |
| TEL NUMBER WORK | |
| CELL NUMBER | |
| EMAIL ADDRESS | |

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

| | | | | | | | | |
|---------------------------|----------------------|--|----------------|--|---------------------------|--|--------------------|--|
| Reasons for Withdrawal | Financial Reasons | | Low Returns | | Unsatisfactory Service | | Other (Specify) | |
|---------------------------|----------------------|--|----------------|--|---------------------------|--|--------------------|--|

| Banking Details to Credit Proceeds | | | | |
|------------------------------------|-------------|--------------|----------------|--------------|
| Bank Name | Branch Code | Account Name | Account Number | Account Type |
| | | | | |

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).

I understand once processed, shareholding with FOLP investment along with other benefits will cease to exist.

| | |
|--------------------------|--|
| Name of Signatory | |
| Place Signed | |



FOLPIC

JOURNEY TO YOUR WEALTH

| | |
|------------------|--|
| Date | |
| Signature | |