

MEMBERSHIP CANCELLATION FORM

For	(0) FI	FICE	USE	ON	LY		
Shareholder	F	L	P	С			
Account No. Date Received	-		**			 	
Received by		I	I	I		 L	I
Signature							

	Type of Per	son		
Please Tick =>	Individual		Company	
		X		
		-		

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	X	Beneficiary	Assignee	
					1

	Applicant Details
FULL NAMES	MOHLAGO MAKWECA
SURNAMES	MACWECA
IDENTITY NUMBER	9111 26 0 6 6 00 8 5
TEL NUMBER WORK	OH 940 0782
CELL NUMBER	0143787183
EMAIL ADDRESS	mmakuelo 26 gmai 1. com

Type of Transaction (Please tick One)	Withdrawal		***************************************	Cancellation	> <	Other(specify):	
Reasons for Withdrawal	Financial Reasons	X	Low Returns	1 1	satisfactory vice	Other (Specify)	



w Marie and the second	Sing.	Banking Details to Credit Proc	eeds	
Bank Name	Branch Code	Account Name	Account Number	Account Type
CAPITEC	470010	MMAKWELA	1337784581	Savings

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	MOHLAGOMAKWELA
Place Signed	CENTURION



Date	01/1	12/2017
Signature	MIV	Mod Lad Co