

A certified copy of the Death Certificate.

Court in South Africa).

Method of Communication:

Email

SMS

Post

JSE Investor Services (Pty) Limited
One Exchange Square, Gwen Lane, Sandown, Sandton 2196
P.O. Box 4844, Johannesburg, 2000, South Africa
082 241 0001 (Toll free) / +27 10 972 2279
Email: yeboyethu@jseinvestorservices.co.za

Website: www.yeboyethu.co.za

CHANGE OF DETAILS FORM - DECEASED ESTATES

Please complete this form in full and submit the required FICA documents to YeboYethu by email; or post or delivered by hand. Note that in order to trade, your shareholder account must be FICA validated.

DECEASED SHAREHOLDER DETAILS (MUST BE COMPLETED)

A certified copy of the Letter of Executorship / Authority. Letter of Authority must include the assets (Note that for non-resident deceased estates the Letter of Executorship / Letter of Authority / Letter of Transfer must be resealed by the Master of the High

Full names:									
Surname:									
Identity/Pas	ssport Number:								
Title:		Mr		Mrs	Ms	Dr	Prof		
Gender:		Mal	e		Female				
Race:		Blac	k Africa	n	Coloured		Indian		
		Whi	te (can d	only be used	by former ESOF	shareho	lders)		
Shareholde	r / Investor Numl	ber:							
Income Tax	Number if Issue	d:							
		·							
В	D	ECEASED ESTA	ATE BA	NK ACCO	UNT DETAIL	S (MUS	T BE COMPLET	ED)	
							nload on your ba		on; or a bank
statement;	or a physical b	ank confirmation	n letter	issued and	stamped by t	the brand	ch (not older thai	n 3 months).	
Name of So	uth African bank	:							
Bank branch code:									
Bank accou	Bank account number:								
Note: We ca	annot accept ba	nking details in t	he nam	e of a third p	arty. The banl	k accoun	t provided must b	e able to accept	deposits.
С	DETA	AILS OF THE SI	HAREH	IOLDER' R	EPRESENTA	TIVE (M	UST BE COMP	LETED)	
							or). Authorised R		
							or Smartcard ID A copy of the exe		
than 3 mon		етпашчету а сор	y cerun	ied by a Col	mmssioner o	i Gaurs.	A copy of the exe	ecutor/s service	bill flot olde
Capacity:	Executor	Power of Attorney	,	Other (plea	ase specify):				
Title:	Mr	Mrs	Ms		Dr		Prof		
Full names:									
Identity / Pa	assport Number:								
Email addre									
Cell phone number:									
Office phon	e number:								
Home phon	e number:								
Residential									
		ı						Postal code:	
Postal addr	ess:								<u> </u>
		ı						Postal code:	
								1	1

SIGNATURE SECTION (MUST BE COMPLETED BY AUTHORISED REPRESENTATIVE)

By signing below, you:

D

- Agree that YeboYethu and it's duly authorised verification agent may verify (check) any details provided in the form including supporting documentation
- Confirm that you have read and understand the Custody Mandate and Trading Terms and Conditions
- . By signing this Form you confirm that the details contained in this Form are true and correct.
- By signing this Form in a Representative Capacity, you provide the warranties and undertakings and acknowledgments set out in this Form.
- I hereby confirm that I am a "Black Person" as defined in the Broad-Based Black Economic Empowerments codes of Good Practice gazette from time to time under the Broad-Based Black Economic Empowerment Act, No 53 of 2003, as this definition interpreted by the courts from time to time (Former ESOP shareholders may ignore this statement)

Name and Surname:			
	Day	Month	Year
Signature:	 ,		