

Reg. No. 1984/003303/06 5 Leeuwenhoek St, Duncanville 016 422 2570 / 079 013 1385 info@roshgold.co.za www.roshgold.co.za

## Deceased Estate Form

| Date: Y          | YYY MM DD               |                      |            |                 | (Please | print clearly                   |
|------------------|-------------------------|----------------------|------------|-----------------|---------|---------------------------------|
| E                | XECUTOR DETAI           | LS                   |            |                 |         |                                 |
| I, executor      | of estate,              |                      |            |                 |         |                                 |
| Title:           |                         | First Name(s):       |            |                 |         |                                 |
| Surname:         |                         |                      |            |                 |         |                                 |
| ID Number        | :                       |                      |            |                 |         | *Please attach a<br>copy of ID. |
| hereby ins       | truct: Roshgold         | Roshsun              | Rosh       | metals & Miner  | als     |                                 |
| to cash up a     | all shares and balance: | s for the account of | deceased ( | Full Name & Sur | name):  |                                 |
|                  |                         |                      |            |                 |         |                                 |
| Shareholde       | r Reference Number:     |                      |            |                 |         |                                 |
| Amount of        | shares to be transferre | ed:                  |            |                 |         |                                 |
| In figures       |                         |                      |            |                 |         |                                 |
| In words:        |                         |                      |            |                 |         |                                 |
| Signature o      | of Executor:            |                      |            |                 |         |                                 |
|                  |                         |                      |            |                 |         |                                 |
| Institution: Sig | gnature & Company Stamp |                      |            |                 |         |                                 |
|                  |                         |                      |            |                 |         |                                 |
|                  |                         |                      |            |                 |         |                                 |
|                  |                         |                      |            |                 |         |                                 |

## TRANSFEREE DETAILS

## (Full name of the person to whom the security is to be transferred) Title: First Name(s): Surname: \*Please attach a I.D Number: copy of ID. \*\*In the case of new applicant, please attach a completed application form. Name of Bank: Account Number: Branch Name: Branch Code: Name of Account Holder: Other (please indicate) Checque/Current Account Type: Savings \*\*\*This form must be accompanied by a Death Certificate and Executor Appointment Letter. **Signature of Transferee:** COMMISSIONER OF OATH Signed before a Commissioner of Oaths at on this the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_ End of Form

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