

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

Sale of Shares Form

Date:	YYYY MM DD			(Please print clearly
I, Title:		First Name(s):		
Surname	e:		Email:	
hereby i	instruct: Roshge	old Roshsun	Roshmetals 8	& Minerals
to cash	up the requested am	ount of shares on ac	ccount:	
And trai	nsfer funds to the foll	owing account:		
Name of	Bank:		Account Number:	
Branch N	Name:		Branch Code:	
Name of	Account Holder:			
Account	Type: Cheque/C	urrent Saving	Other (pleas	e indicate)
*Please	attach a ID copy.			k account provided is in the name of the nts will be made to third-party accounts.
Amount	of Shares to be sold:	units	Amount: R	
Reason f	for sale of shares:			
SIGNING	ON BEHALF OF A	COMPANY, CC, OR	TRUST, PLEASE CO	OMPLETE THE FOLLOWING:
	is request has been brou ve been duly authorised			lers/trustees of the entity and I
The	e duly appointed represe Minors, Members of a closed cor Co's, Executers of estate Trustees of a trust, Directors/shareholders or reby agree to hold Rosho	ntative and beneficiaring poration, s, of a company/service proof of the company	es in the case of : roviders/employers/dire gs Ltd and any of its as	ctors etc, sociates harmless from any debt, ng the above request & any other
*An admi	inistration fee will be app	lied based on the num	ber of shares <mark>sold by th</mark>	ne shareholder at the time of sale.
	re of Shareholder: before a Commission	er of Oaths at		COMMISSIONER OF OATH
on this t		20	•	COWN



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Affidavit and Declaration

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REPUBLIC OF SOUTH AFRICA COMPANIES ACT, 1973

SECURITIES TRANSFER FORM

(Section 134)

TRANSFER (in block letters insert the full name(s) of the present registered holder(s) [transferor(s)] I/we the undersigned hereby transfer the above securities from the name(s) aforesaid to the person(s) named below or to the several persons named in Part B of the Broker's Transfer forms (CM 41) relating to the above security. Signature Date of signature		Figures	Words	
transferred Certificate(s) No.(s) Distinctive number(s) (if any TRANSFER from (in block letters insert the full name(s) of the present registered holder(s) I/we the undersigned hereby transfer the above securities from the name(s) aforesaid to the person(s) named below or to the several persons named in Part B of the Broker's Transfer forms (CM 41) relating to the above security. Signature Date of signature (Stamp of selling brown of the postal address(es) of the person(s) into whose name(s) the securities are to be transferred) [transferee(s)] * CONSIDERATION - State the amount (in figures) paid for the securities. If no consideration was paid, the market value of the securities at the date of transaction must be stated. I/We request that such entries be made in the register as are necessary to give effect to this	description of securities to be	Description		
TRANSFER the present registered holder(s)		Certificate(s) No.(s)		Distinctive number(s) (if any)
I/we the undersigned hereby transfer the above securities from the name(s) aforesaid to the person(s) named below or to the several persons named in Part B of the Broker's Transfer forms (CM 41) relating to the above security. Signature	TRANSFER			*
name(s) aforesaid to the person(s) named below or to the several persons named in Part B of the Broker's Transfer forms (CM 41) relating to the above security. Signature	[transferor(s)]			
TRANSFER (in block letters insert the full name(s) of the postal address(es) of the person(s) into whose name(s) the securities are to be transferred) [transferee(s)] CONSIDERATION – State the amount (in figures) paid for the securities. If no consideration was paid, the market value of the securities at the date of transaction must be stated. I/We request that such entries be made in the register as are necessary to give effect to this	name(s) aforesaid persons named in	I to the person(s) named be Part B of the Broker's Tra	low or to the several	
TRANSFER (in block letters insert the full name(s) of the postal address(es) of the person(s) into whose name(s) the securities are to be transferred) [transferee(s)] CONSIDERATION – State the amount (in figures) paid for the securities. If no consideration was paid, the market value of the securities at the date of transaction must be stated. I/We request that such entries be made in the register as are necessary to give effect to this	Signature			
address(es) of the person(s) into whose name(s) the securities are to be transferred) [transferee(s)] CONSIDERATION – State the amount (in figures) paid for the securities. If no consideration was paid, the market value of the securities at the date of transaction must be stated. I/We request that such entries be made in the register as are necessary to give effect to this	Date of signature	e		(Stamp of selling bro
securities. If no consideration was paid, the market value of the securities at the date of transaction must be stated. I/We request that such entries be made in the register as are necessary to give effect to this	TRANSFED	(in block letters insert the	e full name(s) of the nostal	*
	ТО	address(es) of the person((s) into whose name(s) the	*
	TO [transferee(s)] CONSIDERATIO securities. If no cor	address(es) of the person(securities are to be transference and the securities are to be transference and the securities are to be transference and the securities are to be transference are to be transferen	(s) into whose name(s) the erred) in figures) paid for the	*
Name and address or stamp of person lodging this form or stamp of buying broker (if any)	TO [transferee(s)] CONSIDERATIO securities. If no cor at the date of transa I/We request that	address(es) of the person(securities are to be transference and the person of the pers	in figures) paid for the rket value of the securities	



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Closure of Account

*complete only if applicable

Date: YYYY MM DD	(Please print clearly)
Applicable should you require your accoun	t to be closed.
Roshgold: Roshsun:	
Account Number:	
Please provide your banking details in orde	er for the company to transfer any outstanding returns.
Name of Bank:	Account Number:
Branch Name:	Branch Code:
Name of Account Holder:	
Account Type: Checque/Current 9	Savings Other (please indicate)
Signature of Shareholder:	Signature of Roshgold Representative:
(Institution or company stamp)	
Signed before a Commissioner of Oaths at on this the day of 20 ROSHSUN ROSHMETALS	- COMMISSIONER OF OATH