



GMP Membership Application (GMPAP111020)

This application MUST be completed in BLOCK LETTERS only!

APPLICANT INFORMATION

Title: Mr. Mrs. Ms. Prof. Dr.

Name:

ID:

Physical address (domicilia citandi et executandi):

Nationality: Asian Black Coloured Indian White Other

INCEPTION DATE

/ / (DD/MM/YYYY) First debit order deduction

EMERGENCY CONTACTS

Please provide us with the details of two next of kin:

a) Name:

Relationship:

Phone (W):

Phone (C):

b) Name:

Relationship:

Phone (W):

Phone (C):

GMP BENEFICIARIES

a) Name: ID: Percentage: %

b) Name: ID: Percentage: %

DOCUMENTATION

Please tick the blocks below to identify the copies of all applicable documentation which you are sending with this application

- Identification document;
 Proof of Residence (recent Electricity bill, Telkom landline account, Tax return or Rental agreement);

SOURCE

Where did you here about us?

Radio Magazine Newspaper Google Broker Friends Other

Please specify source selected on dotted line below:

BROKER: _____

CLIENT INITIAL: _____

(...GMPAP111020...)

Johannesburg (Sales): Ground Floor, Knox Titanium Vault Building, 1 River Street, Killarney, JHB
Tel: 011 486 1196 • Fax: 011 486 2150 • E-mail: support@investgold.co.za
Cape Town (Sales): 4th Floor, Waterview Park 2, Waterview Close, Century City, Cape Town
Tel: 021 552 9200 • Fax: 021 552 2033 • E-mail: vdwest@investgold.co.za
George (Head Office): Sect. 2, Milkwood Village, Beacon Road, Wilderness, 6560
Tel: 044 877 0339 • Fax: 044 877 0376 • E-mail: reception@investgold.co.za

POSTAL ADDRESS: PO Box 92, Wilderness, 6560
WEB: www.investgold.co.za
E-MAIL: reception@investgold.co.za
REG: 2000/054382/23 • **VAT:** 4890221775

STEP 1: Choose an Option Plan that suits your needs

Plan	Code	Monthly Amount (R)	Year Period	Golden Miles / R100	Golden Miles Rand Value	
Classic	<input type="checkbox"/> Clas100/60	100	5	4	4	
	<input type="checkbox"/> Clas200/60	200		5	10	
	<input type="checkbox"/> Clas300/60	300		6	18	
Status	<input type="checkbox"/> Clas500/60	500		7	35	
	<input type="checkbox"/> Clas750/60	750		9	67,5	
Achiever	<input type="checkbox"/> Clas1000/60	1,000		11	110	
	<input type="checkbox"/> Clas1500/60	1,500		12	180	
Prestige	<input type="checkbox"/> Clas2000/60	2,000		13	260	
Elite	<input type="checkbox"/> Elite/60	R _____ (Amount exceeding R2,000)		14		
SETUP FEE	Cash Payment <input type="checkbox"/> Include in 1st debit order <input type="checkbox"/> Exempt <input type="checkbox"/>					
ANNUAL INCREASE OPTION:	0% <input type="checkbox"/> 10% <input type="checkbox"/> 15% <input type="checkbox"/> 20% <input type="checkbox"/>					

PLATINUM PLAN
(Tick if applicable)

INCENTIVE	ADDED CONDITIONS
<input type="checkbox"/> 10 YEAR GMP PLATINUM PLAN <ul style="list-style-type: none"> Qualifies for extra 4 Golden Miles/R100* - these extra miles will be added to existing miles on 5 year plans. 	<ul style="list-style-type: none"> The legal guardian and or person opening this GMP and signing these application forms must at all times approve all transactions. Conditions on the extra Golden Miles earned with the Platinum Plan are the same as on any GMP contract.
<input type="checkbox"/> 15 YEAR GMP PLATINUM PLAN <ul style="list-style-type: none"> Qualifies for extra 5 Golden Miles/R100* - these extra miles will be added to existing miles on 5 year plans. 	

Dependants / Children

1) Name: _____ ID: _____ Monthly premium: R _____

1) Name: _____ ID: _____ Monthly premium: R _____

1) Name: _____ ID: _____ Monthly premium: R _____

BROKER: _____

CLIENT INITIAL: _____

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STEP 2: Complete the Bank Debit Order Instruction Authority

Reg. 2000/054382/23 - Vat. 4890221775

Dear Sirs/Madams,
The details of my/our bank account are as follows:

Account Holder:

Signatory Name (Only necessary if business account):

Bank:

Branch Code:

Type of Account:

Account Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Physical Address (client):

Code:

Postal Address (client):

Code:

Phone (W):

Phone (C):

Fax:

E-mail:

I/we hereby request and authorize INVESTGOLD to draw against my/our account with the above-mentioned bank (or any other bank or branch I may have or to which I/we may transfer my/our account) the Rand sum of

_____ (state amount in words) or any variable amount pertaining to this agreement on the 1st, 16th or 26th (please tick) of each month. This being the amount necessary for the settlement of the monthly amount due to INVESTGOLD in respect of my/our purchases/contract/agreement dated

_____/_____/_____ (dd/mm/yyyy).

All such withdrawals from my/our account by INVESTGOLD shall be treated as though they had been signed by me/us personally.

I/we the undersigned "instruct" and authorize INVESTGOLD's agent Netcash (Pty) Ltd, to draw against my/our account. I/we understand that if bank details have been supplied the withdrawals authorized here will be processed by BankServ. I/we also understand that details of each withdrawal will be printed on my/our statement. I/we agree to pay any banking charges relating to this debit order instruction.

This authority may be cancelled by means of giving INVESTGOLD management thirty days notice in writing of change of banking details, sent by prepaid registered post, but I/we understand that I/we shall not be entitled to any refund of amounts, which INVESTGOLD has withdrawn whilst this authority was in force if such amounts were legally owing to INVESTGOLD.

Assignment:

I/We acknowledge that the party hereby authorized to effect the drawing(s) against my/our account may not cede or assign any of its rights and that I/we may not delegate any of my/our obligations in terms of this contract/authority to any third party without prior written consent of INVESTGOLD management.

Signed at _____ on this _____ day of _____ 20_____

(Signature as used for signing cheques or credit card vouchers)

BROKER: _____

CLIENT INITIAL: _____

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STEP 3: Sign for GMP Acceptance

I confirm that all information supplied by me is true and correct and herewith accept (a) INVESTGOLD Standard Terms & Conditions (INV/STD/T&C/111020) and (b) INVESTGOLD Golden Mile Plan Terms & Conditions (GMPT&C111020) which I have read and which have been explained to me. I am aware that as defined in the last mentioned document and following the clause references:

- 2.1 INVESTGOLD is the party with whom I am contracting;
- 2.2 I am the client referred to therein;
- 2.3 this is the application form referred to in clause 2.3;
- 2.4 the products are rare collectable gold coins/medallions and/or portions in rare collectable gold coins/medallions in the Co-Ownership plan as chosen by me from the GMP product schedule as defined in the GMP terms and conditions made available to me at the time of purchase;
- 2.5 _____ is the broker with whom I have been dealing;
- 2.6 the option entitles me to choose rare collectable gold coins/medallions as well as portions of rare gold coins/medallions made available through INVESTGOLD's Co-Ownership plan when I have paid sufficient funds to INVESTGOLD in terms of the agreement entitling me to do so;
- 2.7 I am liable to pay all the admin charges as defined;
- 2.8 The contract term has been agreed at _____ years;
- 2.10 I will in due course choose from the product schedule as defined in clause 2.10;
- 5.2 INVESTGOLD will forward to the client a copy of (a) INVESTGOLD Standard Terms & Conditions (INV/STD/T&C/111020), (b) INVESTGOLD Golden Mile Plan Terms & Conditions (GMPT&C111020) and (c) a Golden Mile Plan Certificate reflecting the contract term. The Client may cancel the GMP contract by submitting a written cancellation within 14 days after the first successful monthly premium payment via debit order or direct deposit. Note that the Set up Fee is non – refundable. Note that clause 7 will immediately take effect and the client will not be held liable for any further monthly payments.
- 8.1 In order for INVESTGOLD to open a GMP account for a client, a R 220 (Two Hundred and Twenty Rand) once-off non-refundable setup fee and the first monthly premium must be deposited into INVESTGOLD's bank account by the client. These amounts will automatically be deducted from a client's bank account via debit order if payment is not made 30 days prior to the 'Inception date' as mentioned in the 'GMP Application form'.

By making this application I acknowledge that in all my business dealings with INVESTGOLD the Terms and Conditions reflected in the (a) INVESTGOLD Standard Terms & Conditions (INV/STD/T&C/111020) (as amended from time to time) and (b) INVESTGOLD Golden Mile Plan Terms & Conditions (GMPT&C111020) will apply to and bind me and be observed by me. In the event of there being any conflict between the INVESTGOLD Golden Mile Plan Terms and Conditions and in the INVESTGOLD Standard Terms and Conditions (as amended from time to time) then the provisions of the former document will apply.

Signed and accepted by the client at _____ on this _____ day of _____ 20_____.

PRINT NAME: _____ SIGNATURE: _____

Official Use:

GMP Administrator / Financial Manager

GMP Assistant / Financial Accountant

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