

36ONE Asset Management (Pty) Ltd 6A Sandown Valley Crescent, Tel: (011) 722 7390 Fax: (011) 722 7391 met collective investments

## **ADDITIONAL CONTRIBUTION FORM**

1. PERSONAL DETAILS Plea	ase tick an																										
I. PERSONAL DETAILS	ase lick all	u con	npici		1		Jubio	1																			
Title Full names							+		1		1	1												1	1	1	1
Surname				_	_	$\perp$	+	_	_		<u> </u>													<u> </u>		<u> </u>	_
				_	_	_	_	_	_		<u> </u>													<u> </u>			_
Physical / Postal address				_	_	_	_	_	_		<u> </u>	_												L	_		L
		_				_	<u> </u>	_												Pos	stal c	code		<u> </u>		<u> </u>	_
I.D Number				<u> </u>	<u> </u>		<u> </u>	_	<u> </u>			<u> </u>					ate o	of birt	:h								
Telephone number (H)												_	Cell	phon	e nu	mber											
Telephone number (W)				<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		_	_				_					_		1			_
E-mail		L																									
2. INVESTMENT SELECTION																											
Cheque attached		Dep	osit s	slip a	ttach	ned			(	Once	-off d	ebit o	rder				M	<b>l</b> onth	ıly de	bit or	der						
Portfolio name						unt ase s							R	and	amo	unt				Tota	ıl up			nage VAT)	er's (	har	ge
					u.			.,			R													,			
											R																
DEDIT ORDER AUTUGETT																											
3. DEBIT ORDER AUTHORITY	Must	t be 5	wor	king	days	prioi	to 1	st WO	rking	day (	of the	mon	th in v	vhicl	n deb	it ora	er is	to co	omme	ence							
I authorise MET Collective In																					ordaı	nce v	with	this	deb	it or	der,
		s to			e dra																ordaı	nce	with	this	deb	it or	der,
I authorise MET Collective I	nvestments	s to	effec	ct the	e dra	wing	s aga														ordaı	nce	with	this	deb	it or	der,
I authorise MET Collective II commencing on	nvestments	s to	effec	ct the	e dra	wing	s aga							'	day						orda	nce	with	this	deb	it or	der,
I authorise MET Collective Incommencing on D D Account holder	nvestments	s to	effec	ct the	e dra	wing	s aga						ı	'	day						orda	nce	with	this	deb	it or	der,
I authorise MET Collective Incommencing on DDD  Account holder  Name of bank	nvestments	s to	effec	ct the	e dra	wing	s aga						ı	'	day						orda	nce v	with	this	deb	it or	der,
I authorise MET Collective Incommencing on DDD  Account holder  Name of bank  Branch  Account number	nvestments	s to	effec	ct the	e dra	wing	s aga						ı	'	day						orda	nce	with	this	deb	it or	der,
I authorise MET Collective Incommencing on Account holder Name of bank Branch Account number Account type	nvestments	s to	effec Y	Y	e dra	wing	s aga						ı	'	day		ch		th in	acco				this	deb	it or	dder,
I authorise MET Collective Incommencing on DDD  Account holder  Name of bank  Branch  Account number	nvestments	s to	effec Y	ct the	e dra	wing	s aga						ı	'	ode		ch	mon	th in	acco	M	M		this	deb	it or	der,
I authorise MET Collective Incommencing on DDD  Account holder  Name of bank  Branch  Account number  Account type  Once-off debit order	nvestments	s to	effec Y	Y	e dra	wing	s aga						ı	'	ode	of ea	ch	mon	th in	acco	M	M		this	deb	Y	Y
I authorise MET Collective Incommencing on DDD  Account holder  Name of bank  Branch  Account number  Account type  Once-off debit order	nvestments	s to	effec Y	Y	e dra	wing	s aga	ainst				nt or	ı	nch c	ode C	of ea	ch	mon	th in	acco	M	M	· · ·	Y	Y	Y	Y
I authorise MET Collective Incommencing on DDD  Account holder Name of bank Branch Account number Account type Once-off debit order  4. SOURCE OF FUNDS	M M	s to	effec Y	Y	e dra	wing	y Y	ainst				nt or	Brar	nch c	ode C	of ea	ch	mon	auto	acco	M	M	· · ·	Y	Y	Y	Y
I authorise MET Collective Incommencing on DDD  Account holder  Name of bank  Branch  Account number  Account type  Once-off debit order  4. SOURCE OF FUNDS  Inheritance	M M Y Saving	s to	effect Y	Amo	e dra	wing:	y Y	ainst	my/d	Dur a	CCOU	Com	Bran	Prof	ode	Daapption	ch land	mon	auto	acco	M	M	· · ·	Y	Y	Y	Y
commencing on Account holder Name of bank Branch Account number Account type Once-off debit order  4. SOURCE OF FUNDS Inheritance Other (Specify)	M M Y Saving	s to	effect Y	Amo	e dra	wing:	y Y	ainst	my/d	Dur a	CCOU	Com	Bran	Prof	ode	Daapption	ch land	mon	auto	acco	M	M	· · ·	Y	Y	Y	Y
I authorise MET Collective Incommencing on Account holder Name of bank Branch Account number Account type Once-off debit order  4. SOURCE OF FUNDS Inheritance Other (Specify)	M M Y Saving	s to	effect Y	Amo	e dra	wing:	y Y	ainst	my/d	Dur a	CCOU	Com	Bran	Prof	ode	Daapption	ch land	mon	auto	acco	M	M	· · ·	Y	Y	Y	Y
I authorise MET Collective Incommencing on DDD  Account holder  Name of bank  Branch  Account number  Account type  Once-off debit order  SOURCE OF FUNDS  Inheritance  Other (Specify)	M M Y Saving	s to	effect Y	Amo	e dra	wing:	y Y	ainst	my/d	Dur a	CCOU	Com	Bran	Prof	ode	Daapption	ch land	mon	auto	acco	M	M	· · ·	Y	Y	Y	Y

Signature of account holder

If you have any questions about this Additional Contribution Form, please contact our hotline at 0860 100 279 for assistance

The portfolios are registered with the FSB as part of the MET Collective Investments Scheme. MET Collective Investments is a Full member of the Association for Savings & investments SA (ASISA). Metropolitan's contact details are: P O Box 925 Bellville 7535; Tel: (021) 940-5981 Fax: (021) 940-5985; Company Reg. Number 1991/003741/06. MET Collective Investments Ltd is an authorised Financial Services Provider. Should you have any further queries or complaints, please contact: MET Collective Investments Ltd Call Centre, Tel: 0860 100 279, Fax: (021) 940 5885, PO Box 925, Bellville, 7535, Email: metunit@metropolitan.co.za. If your complaint has not been resolved to your satisfaction, kindly contact our Complaints Resolution Committee, Tel: (021) 940 5880, Fax: (021) 940 6205, Email: emoruck@metropolitan.co.za. For your information, the FAIS ombudsman provides an independent and objective advisory service. Should you not be satisfied with the outcome of a complaint handled by Metropolitan, please write to: The Ombudsman, PO Box 74571, Lynnwoodridge 0040, Telephone: (012) 470 9080/997, Fax: (012) 348 3447, Email: info@faisombud.co.za.