



MTN ZAKHELE FUTHI (RF) LIMITED: CHANGE OF DETAILS FORM

Please complete the form below to allow the administrators to update your details accordingly. The completion of **Section A** and **Section B** is **mandatory**. **Section C** is only required to be completed should you wish to change your banking details. **Section D** is only required to be completed should you wish to change your residential or postal address.

All completed forms and supporting documentation should be emailed to SSA-ZakheleFuthi@Nedbank.co.za

Shareholder/Group Representative Name*	
Group Name <i>(if applicable)*</i>	
Group Registration Number <i>(if applicable)*</i>	
Account Reference Number *	

SECTION A: Personal details/Group Representative

Title*	
First Names*	
Surname*	
Identity Number*	
Tax reference number* <i>(in the case of Group's please insert the Group tax registration number)</i>	
	I declare that I am not registered for tax <i>(please tick the box accordingly if applicable)</i>

SECTION B: Contact details

Cellphone Number*	
Email Address*	
Work Telephone Number	
Home Telephone Number	

*Mandatory Fields

SECTION C: Banking details

Note: No 3rd party bank account details will be updated by the administrator. All bank accounts are required to be in the name of the shareholder

Name of Account Holder	
Bank name	
Type of Account	
Account Number	
Branch where account is held	
Branch Code	

SECTION D: Address details

Registered/Residential Address	
Postal Address <i>(if different from the above)</i>	

In order to process any changes, please ensure that the following supporting documentation is submitted together with the form:

- **Certified copy of your South African ID.** In the case of a Group a certified copy of the representative's ID is required.
- All changes to banking details are required to be supported by **proof of banking details** – last 3 months of bank stamped bank statements clearly showing the account holders name and account number OR bank stamped proof of banking details letter
- All changes to registered or residential addresses must be supported by a **proof of address** not older than 3 months.
- Any change to a group representative must be supported by a **signed resolution** or a certified copy of the extracts of the minutes authorising this change

By signing this form in a representative capacity on behalf of a Group or a minor, you confirm that:

- You are authorised and competent to provide the Group or minor's Personal Information (as defined in the Privacy Policy available on the MTNZF website) to us; and
- You agree that we may use the minor's Personal Information in the manner set out in the Privacy Policy.

SIGNATURE:	DATE:
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