

TRANSFER FORM FOR YEBOYETHU SHARES

A CURRENT SHAREHOLDER DETAILS

Shareholder Account number:

Y	Y																		
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Full name(s) and surname of registered shareholder:

Signature of Shareholder: _____ Date: _____

B NEW SHAREHOLDER DETAILS (Shareholder receiving the shares)

Name of CSDP Participant / Broker	Link Investor Services																				
Name and Surname of Account holder at CSD Participant																					
Shareholder Account number at CSD Participant	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 15px; text-align: center;">Y</td><td style="width: 15px; text-align: center;">Y</td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td></tr></table>	Y	Y																		
Y	Y																				

Signature of Shareholder: _____ Date: _____

C SECURITIES

Name of shares	YEBOYETHU
Number of shares	

D TRANSACTION TYPE

No	Description	Strate Fee (Ex Vat)	Link Investor Services Fee (Ex Vat)	Total Fee Payable (Inc. Vat)	Tick Applicable Option
1.	Portfolio move (Client moves their entire Portfolio within a single CSD Participant or between CSDP Participants. No change in beneficial ownership applies.)	Fee waived	Free	Free	
2.	Account Transfers (Client chooses to transfer securities between own safekeeping accounts. No change in beneficial ownership applies)	Fee waived	Free	Free	
3.	Off Market Trade between buyer and seller not concluded through an exchange. (Where there is change of beneficial ownership, please refer to section F)	Fee waived	Free	Free	

If D3 has been selected above, please refer to Section F.

NB: Please clearly select only one option by ticking the "option select" box above.

E EXEMPTION FROM SECURITIES TRANSFER TAX DECLARATION

If D3 is selected and there is an exemption from Securities transfer tax, the below section should be completed. Should this section not be completed, Securities Transfer Tax will be deemed as payable. Please consult your tax practitioner should you require guidance with Securities Transfer Tax exemptions.

Please quote the reason for the exemption claimed in terms of the **Securities Transfer Tax Act of 2007 (“the Act”)**

Reason for Exemption (kindly attach supporting documents)	
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Signature of Shareholder / Person claiming Exemption: _____ Date: _____

F SECURITIES TRANSFER TAX PAYMENTS FOR TRANSFERS WITHIN LINK INVESTOR SERVICES

In terms of the Act, Link Investor Services is responsible for collecting the Securities Transfer Tax (STT) from the transferee (buyer) of the securities and for arranging for payment to SARS. STT is levied at 0.25% of the consideration of the trade and is determined on the closing price of Trade date. It is essential that you complete the documentation correctly and submit the correct verification documentation to prevent any unnecessary delays in the transfer of the shares.

STT should be paid directly into the account detailed in **section H** below and proof of payment must be attached to this form.

G DECLARATION

Applicable to all shareholders who hold shares with Link Investor Services Pty Ltd

- I herein declare that I am of full contractual capacity and, if acting in representative authority, I am duly authorised to complete and sign this withdrawal form.
- By my signature hereon and anywhere else in this form, I declare that the details provided herein and any accompanying documents that I supply in relation to this form are true and correct in all aspects. Link Investor Services shall not be liable to me or any third party for any errors, omissions, deletion, editions, amendments, or any of the like, made to this form and howsoever such were made.

Accordingly, I hereby agree to indemnify and to keep Link Investor Services indefinitely indemnified against all and any claims, suits, actions, proceedings or demands of whatsoever nature and howsoever arising which may occur, be brought or be made by any person against Link Investor Services as a result of or connected with or arising out of the completion of and the withdrawal made in terms of this form.

Signature of Declarant: _____ Date: _____

Please note that the withdrawal form needs to be completed in full. Any forms sent incomplete, will be rejected and the shareholder will be informed accordingly.

Kindly note proof of identity is required before transfer/s may be effected. Please provide an original certified copy of your identity document, certified by Commissioner of Oaths, (stating name, address and capacity in which the person is certifying the document).

H PAYMENT DETAILS

Please make payment to:

Account Name: Pacific Custodians Nominees RF Settlement
 Bank Name: Nedbank
 Branch code: 198 - 765
 Account Number: 1131632311

Reference: **Please only use your shareholder reference number that begins with “YY”**