Roshgold

Rosgold | Roshsun | Roshmetals & Minerals

37 Kruger Avenue, Vereeniging, 1930
P.O. Box 2372, Vereeniging, 1930
Tel: 016 422 2570
Fax: 016 422 2568
Email: info@roshgold.co.za
www.roshgold.co.za

SALE OF SHARES FORM

(Please print clearly)

Date: Y Y Y Y M M D D

I, Title: First Name(s):

Surname:

hereby instruct ☐ Roshgold ☐ Roshsun ☐ Roshmetals & Minerals

to cash up the requested amount of Shares on Account:

And transfer funds to the following account:

Name of Bank: Branch Code:

Branch Name: Account No:

Name of Account holder:

Account type: ☐ Cheque / Current ☐ Savings ☐ Other: _____

Please attach a certified ID copy

AMOUNT OF SHARES TO BE SOLD: AMOUNT: _____

Reason for Sale of Shares: _____

Term

If signing on behalf of a company, CC, or trust, please tick the following:

☐ This request has been brought to the attention of all members/shareholders/trustees of the entity and I have been duly authorised by them to proceed with this request.

☐ The duly appointed representitive and beneficiaries in the case of :
-Minors
-Members of a cc,
-Co's
-Executers of estates,
-Trustees of a trust,
-Directors/shareholders of a company/service providers/employers/directors etc,
hereby agree to hold harmless Roshgold Investment Holdings Ltd and any of its associates from any debt,claim,legal or financial consequences by any party as a result of processing the above request & any other detais thereto

_____

Signature of shareholder
(Institution: Signature & company stamp)

_____

Signature of Roshgold Representative

Signed before a Commissioner of Oaths at

_____

on this the _____ day of _____20____.

Commissioner of Oath

CLOSURE OF ACCOUNT (Please print clearly)

Date: Y Y Y Y M M D D

Applicable should you require your account to be closed

☐ Roshgold ☐ Roshsun

Account No: ☐☐☐☐☐

Please provide your banking details in order for the company to transfer any outstanding returns

Name of Bank: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Branch Code: ☐☐☐☐☐☐☐

Branch Name: ☐☐☐☐☐☐☐☐☐☐☐☐ Account No: ☐☐☐☐☐☐☐☐☐☐☐☐☐

Name of Account holder: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Account type: ☐ Cheque / Current ☐ Savings ☐ Other: _____

_____ _____

Signature of shareholder
(Institution: Signature & company stamp)

Signature of Roshgold Representative

Signed before a Commissioner of Oaths at

_____

on this the _____ day of _____20____.

Commissioner of Oath