

Roshgold | Roshsun | Roshmetals & Minerals

5 Leeuwenhoek Street, Duncanville, Vereeniging,1939

P.O. Box 2372, Vereeniging, 1930

TEL: 016-422-2570

Whatsapp: 079-013-1385 /061-976-3262

Email: info@roshgold.co.za www.roshgold.co.za

SALE OF SHARES FORM (Please print clear	y) Date: 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:								
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 details thereto. Admin Fee: An admin fee will be charged based on the number of shares a shareholder has as at the date of sale.								
Signature of shareholder (Institution: Signature & company stamp) Signed before a Commissioner of Oaths at on this the day of	Signature of Roshgold Representative Commissioner of Oath							



(Institution: Signature & company stamp)

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AFFIDAVIT AND DECLARATION FORM

(Please print clearly)

	Date: Y Y Y M M D D								
I, Title: First Name(s):									
Surname:									
I.D No.: and years old,									
residing at,									
Tel.:									
Employed at									
as a									
state the following under oath in English:									
And Loan Certificate are lost and that I hereby apply to Roshgold Investment Holdings Ltd to replace the certificates with other certificates. I, further declare that I indemnify Roshgold Investment Holdings Ltd, it's directors, managers, staff and accountants from any claim or loss that may arise as a result of these certificates being lost and to replace these certificates with other certificates with other certificates with other certificates with other certificates. 1.) I know and understand the contents of the above statement, 2.) I have no objection on taking the pre-scribe oath, 3.) I consider the pre-scribe oath to be binding on my conscience.									
Signed before a Commissioner of Oaths at on this the day of Signature of shareholder	ioner of Oath								

REPUBLIC OF SOUTH AFRICA COMPANIES ACT, 1973

SECURITIES TRANSFER FORM

(Section 134)

For exchange control purposes Form CM 42

A	FULL NAME OF ISSUER OF SECURITY AS SHOWN ON CERTIFICATE						
		Figures	Words				
	Quantity and full description of securities to be	Description					
FFROR(S) csent registered].	transferred	Certificate(s) No.(s)		Distinctive number(s) (if any)			
	TRANSFER FROM	(in block letters insert t of the present registered	*				
HE TRANS ties are at pr	[transferor(s)]	[transferor(s)]					
THIS PORTION TO BE COMPLETED BY THE TRANSFEROR(S) [that is, the person(s) in whose name(s) the securities are at present registered.]	I/we the undersigned hereby transfer the above securities from the name(s) aforesaid to the person(s) named below or to the several persons named in Part B of the Broker's Transfer forms (CM 41) relating to the above security.						
RTION TO e person(s) i	SIGN HERE>						
THIS PO	Date of signature			(Stamp of selling broker)			
B	TRANSFER (in block letters insert the full name(s) of the postal address(es) of the person(s) into whose name(s) the securities are to be transferred)						
REE(S) [that is R AGENT, EX	[transferee(s)]		A THE RESIDENCE OF THE PARTY OF				
ETED BY THE TRANSPEREE(S) [that is, the ritles are to be registered]. OR AGENT, EXCEPT RMS ARE USED	CONSIDERATION - State the amount (in figures) paid for the securities. If no consideration was paid, the market value of the securities at the date of transaction must be stated. R						
THIS PORTION TO BE COMPLETED B person(s) in whose name(s) the securities are WHERE BROKER'S TRANSFER FORMS AR	I/We request that such entries be made in the register as are necessary to give effect to this transfer.						
THIS PORTIO person(s) in wh WHERE BROK	Name and address or stamp of person lodging this form or stamp of buying broker (if any)						
ARE		(UNLESS BROKER'S TR nt claiming exemption in		* FOR USE IN REGISTERING OFFICE			
e z							

CLOSURE OF ACCOUNT

(Please print clearly)

		Dat	te: Y Y Y Y M	M D D
Applicable should you require your accour	nt to be closed			
Roshgold				
Account No:				
Please provide your banking details in ord	er for the compa	any to transfer a	any outstanding	returns
Name of Bank:		Branch (Code:	
Branch Name:	Account	No:		
Name of Account holder:				
Account type: Cheque / Current Savin	gs Other:			
Signature of shareholder Institution: Signature & company stamp)		Signature	of Roshgold Repre	esentative
Signed before a Commissioner of Oaths at			sioner of	oath
on this the day of20	<u></u> .	Commis	sione	