



LETTER OF INDEMNITY

| | | |
|------------------------|----------|--|
| Name of Fund | | |
| Cheque number | | |
| Amount | R | |
| Amount in words | | |
| Cheque date | | |

I hereby

1. Absolve Gallet Retirement Fund Administrators (Pty) Ltd and the above Fund from any risk or liability resulting from the issuance of the above uncrossed cheque.
2. Confirm that I the undersigned do not have a banking account and have requested the issuance of the uncrossed cheque
3. Confirm that I have made this decision of my own free will and the implications of such have been explained to me in my own language.

| | | |
|----------------------------------|--|-------------|
| Payee | | |
| Identity number | | |
| | | |
| Signature | | Date |
| | | |
| Identified by (Signature) | | Name |

