

Submission reference number:

Date received by CODI:



Corporation for Deposit Insurance

Depositor information form

Ditsobotla Primary Savings and Credit Co-operative Bank Limited

This form must be completed by a depositor, their representative, or guardian of a depositor of Ditsobotla Primary Savings and Credit Co-operative Bank Limited who:

- Submits depositor information for purposes of gaining access to their covered deposits.
- Believes that they should have been compensated by the Corporation for Deposit Insurance (CODI). This dispute may be filed within a period of three years from the date of commencement of reimbursement of covered deposits announced by CODI.
- Is a qualifying depositor and disagrees with the amount reimbursed by CODI. This dispute can be filed within three months from the date of reimbursement of their covered deposits.
- Is a dependant of a qualifying depositor who is deceased.

You can submit this form, along with the supporting documents, **in person to CODI at 50 Bree Street, Lichtenburg** between **09:00 and 16:00 from Thursday, 7 August to Friday, 8 August 2025**. Alternatively, you may download the electronic version from www.resbank.co.za and email the completed form, along with the supporting documents, to codi.payout@resbank.co.za.

To **access your covered deposits**, please ensure all relevant fields are filled in:

- Complete sections A, B and C for access to the covered deposits.
- If you are the depositor, complete sections A and C.
- If you are a representative or dependant of the depositor, complete sections A, B and C.

To **lodge a dispute**, please use a new form for each depositor and complete all relevant fields:

- If you are the depositor, complete sections A, C and D.
- If you are a representative or dependant of the depositor, complete sections A, B, C and D.
- Please ensure that the person submitting the dispute signs the form.

Once you submit your form, CODI will provide you with a **submission reference number** for all future enquiries about your dispute. CODI will assess the dispute and aims to deliver a decision within 20 calendar days. If more evidence is needed, you will be asked to submit it using your reference number; the 20-day period will restart from the date the new evidence is received. If your claim is approved, CODI will reimburse any amounts due to you (up to the cover limit) within 20 calendar days of the decision. If your claim is denied, you have the option to appeal the decision in a South African court.

Supporting documentation required (tick applicable box)

Relevant certified copies that are not older than three months must be submitted with the form:

- ☐ A certified copy of the depositor, signatory or representative's identification (e.g. South African ID, passport, or driver's licence).
- ☐ Proof of address (e.g. utility bill, or lease agreement).
- ☐ The constitution of your Informal Beneficiary Account (i.e. a stokvel), specifying the signatories.
- ☐ If the dispute is on behalf of a minor, an unabridged birth certificate is required.
- ☐ Proof of bank account with, or stamped bank statement of, a bank other than Ditsobotla (both not older than three months). An internet-generated bank statement must include the account holder's name, account number, account type and branch code.

Documentation in support of the dispute

- ☐ A bank statement or document to proof you have a bank account at Ditsobotla.

Other (please specify and/or attach):

Legal documentation

- ☐ Letter of guardianship, where applicable.
- ☐ A copy of the letter of authority (issued by the Master of the High Court) for inter-vivos trusts, where applicable.
- ☐ A letter of executorship (issued by the Master of the High Court), where applicable.
- ☐ Power of attorney, where applicable.
- ☐ A certified copy of the death certificate where the qualifying depositor is deceased.

Other (please specify and/or attach):

Who completes the form:

- ☐ Depositor/representative completing the information for access to the covered deposits.
- ☐ Depositor/representative submitting a dispute.

Section A: Depositor details
Are you the depositor or representative of a depositor? Depositor <input type="checkbox"/> Representative <input type="checkbox"/>
If representative, what is your relation to the depositor? Representative <input type="checkbox"/> Signatory of an IBA <input type="checkbox"/> Dependant <input type="checkbox"/> Other <input type="checkbox"/>
If other (please specify): N/A
Depositor information:
Title (if applicable): Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Prof <input type="checkbox"/> Other <input type="checkbox"/>
Name and/or initials:
Surname:
Date of birth/date of registration:
Identification number/registration number:
Identification type: SA ID <input type="checkbox"/> Passport <input type="checkbox"/> Driver's license <input type="checkbox"/>
Residential/Business address (same as proof of address):
Contact number:
Email address (optional):

Section B: Representative details (complete if appointed to act on behalf of the depositor)
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Prof <input type="checkbox"/> Other <input type="checkbox"/>
Full name and initials:
Surname:
Date of birth:
Identification number:
Identification type: SA ID <input type="checkbox"/> Passport <input type="checkbox"/>
Residential/Business address (same as proof of address):
Contact number:
Email address (optional):

Section C: Ditsobotla bank account details:

Bank account holder name:

Account number 1:

Account type:

Account number 2:

Account type:

Section D: Dispute details (if applicable)

Amount disputed:

Reason for the dispute:

- ☐ Account omitted from initial reimbursement
- ☐ Payout amounts incorrect
- ☐ Other

Comments:

Date of last transaction in account (if known):

Have you received a payout from CODI? Yes ☐ No ☐

If yes, please specify the amount received:

Kindly note that we may collect, use, and process your personal information in line with the Protection of Personal Information Act 4 of 2013. This may include the utilisation of your information to resolve your dispute, fulfil our functions/legal obligations, and to provide you necessary updates.

Declaration:

I _____, ID no. _____ hereby declare that the information provided is true and accurate to the best of my knowledge. I understand that any false information may result in my dispute being rejected.

Date:

Signature: