

Income Tax Ref. No.12/1/12/187 Registration No 25/7/7/107

NEW MEMBER BULK APPLICATION FORM

Employer Cost Centre										Cost Centre			
Date	Date of entry into the fund: Complete where applicable using block letters.												
Ref.	No.	Surname	Initials	Date of birth DDMMCCYY	Pensionable Salary PA / PM	Sex	Marital Status S/M/D/W	Dependants Y/N	Category	Member contribution rate	Date of entry into service DDMMCCYY	Pensionable service date DDMMCCYY	Occupation
Authorised Employer Signature: Date:													
1. In terms of the Rules, membership is compulsory for all employees on the date they qualify for membership.													
2. 1	Members must be in active service on the first day of membership.										COMPANY STAMP		
f	Please note that on withdrawal from the Fund, if no indication regarding the payment of the benefit is provided within 6 months from the date of withdrawal, the benefit will be treated as a cash withdrawal benefit, tax deducted and paid over to the Receiver of Revenue.												