



# RFLAUN

Retirement Fund for Local Authorities  
and Utility Services in Namibia

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

## NEW MEMBER APPLICATION FORM

COMPLETE WHERE APPLICABLE USING BLOCK LETTERS OR TICK [✓]

### A - MEMBER DETAILS

Employer					Cost Centre			
Previous Municipality (if applicable)								
Title & Surname					Company Ref. No:			
First Name & Initials					Date of Birth:			
Identity number			Gender:	Male	Female			
Income Tax Number			Revenue Office:					
Contact Number			Email Address					
Postal address								
Marital Status	Married	Single	Divorced	Widowed	Separated			
Dependants	Yes	No						
Date of entry into service			Date of first contribution					
Pensionable salary	N\$	PM	PA	Occupation				
Contribution Category (Should a member fail to make an election, he shall contribute at 7.5%. These rates may be increased on 1 July each year.)			7.5%	9%	10%	12%	14%	16%

### B - BENEFICIARY NOMINATION

	Title, First Name, Initials & Surname	Date of Birth	Relationship to member	% Share	Guardian (Name & Address)
Dependants					
Other Nominees					

### C - SIGNATURES

Member: \_\_\_\_\_ Date: \_\_\_\_\_

Employer: \_\_\_\_\_ Date: \_\_\_\_\_

- In terms of the Rules, membership is compulsory for all employees on the date they qualify for membership.
- Members must be in active service on the first day of membership.
- The original of this form must be kept by the Employer on the member's personnel file.

COMPANY STAMP