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 or 1 November each year.)	7.5%	9%	10%	11%	12%	14%	15%	16%	18%	20%
	21%	22%	23%	24%	25%					

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: _____

COMPANY STAMP

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