

**NEW MEMBERS APPLICATION FORM**

Fund Name: \_\_\_\_\_

**PERSONAL DETAILS**

Surname: \_\_\_\_\_

Full Names: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  M  F (Please tick)

Omang Number: \_\_\_\_\_ (attach copy of Omang)

Postal Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Landline: \_\_\_\_\_

Marital Status: Single / Married / Divorced / Widowed

**EMPLOYMENT DETAILS**

Employee Number: \_\_\_\_\_

Occupation: \_\_\_\_\_ Monthly Pensionable Salary: P\_\_\_\_\_

Date Joined Company: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Joined Fund: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Member Signature:** \_\_\_\_\_

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**DECLARATION BY EMPLOYER**

We hereby certify that, to the best of our knowledge, the above information is true and correct.

Name of Authorized Personnel: \_\_\_\_\_

Designation: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Company Stamp:



*NB: This form should always be accompanied by a completed Nomination of Beneficiaries Form*