



NEW ENTRY FORM AND STATIC DATA CHANGES

Scheme Name	<input type="text"/>		
Company Name/Employer	<input type="text"/>		
Branch Name	<input type="text"/>		
Title: Mr, Mrs, Dr, Prof	<input type="text"/>	Surname	<input type="text"/>
First Name	<input type="text"/>	Initials	<input type="text"/>
First Name	<input type="text"/>	Gender	<input type="text"/>
ID/Passport No./Other	<input type="text"/>	Employee No.	<input type="text"/>
Marital Status (In full e.g. Married)	<input type="text"/>	Date Employed	<input type="text"/>
Pensionable Salary	R <input type="text"/>	Date Joined Scheme	<input type="text"/>
Risk Salary	R <input type="text"/>	Payroll Frequency	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly
Contact Tel No.	<input type="text"/>		<input type="text"/> <input type="text"/>
Tax Reference No.	<input type="text"/>	Tax Office	<input type="text"/>
Bank Name	<input type="text"/>	Branch Code	<input type="text"/>
Account No.	<input type="text"/>	Type of account	<input type="text"/>
Member's Residential Address	<input type="text"/>	Member's Postal Address	<input type="text"/>
	<input type="text"/>		<input type="text"/>
City	<input type="text"/>	City	<input type="text"/>
Province	<input type="text"/>	Province	<input type="text"/>
Postal Code	<input type="text"/>	Postal Code	<input type="text"/>

PAID-UP BENEFITS (To be completed by the new entrant)

Do you have any paid-up Retirement Fund benefits? Yes No

Details of Paid-Up Benefit

Kindly indicate below any paid-up benefits that you may have in other Retirement Funds. Please indicated if you wish to transfer any of these paid up benefits to the Fund that you are joining

Fund Name	Amount	Contact Person	Contact Number	Transfer Benefit	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Fund Name	Amount	Contact Person	Contact Number	Transfer Benefit	
				Yes	No
				Yes	No
				Yes	No

If you wish to transfer any of the above benefits to the Fund that you are joining, kindly notify the previous fund of your intention to transfer.

Member's Declaration

Name and Surname: _____

Signature: _____

Date: _____

Employer's Declaration

Employer's Stamp

Signature _____

Designation': _____

Dated: _____