



A life of service
deserves a service for life



INSTALLATION FORM FOR NEW PARTICIPATING EMPLOYER

Details in respect of the Owner/Partner

Full Name:	<input type="text"/>
Telephone No.:	<input type="text"/>
Cell No.:	<input type="text"/>

Details in respect of Business

Full registered name of business:	<input type="text"/>
Registered number of business:	<input type="text"/>
Physical Address:	<input type="text"/>
	<input type="text"/>
Postal Address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
E-mail Address:	<input type="text"/>
Telephone No.:	<input type="text"/>
Fax No.:	<input type="text"/>

Details in respect of Accountant/HR person/Contact

Full Name:	<input type="text"/>
Telephone No.:	<input type="text"/>

Details in respect of Broker (If applicable)

Full Name of Brokerage:	<input type="text"/>
Telephone No.:	<input type="text"/>
Postal Address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
E-mail Address:	<input type="text"/>
Contact Person:	<input type="text"/>

Details in respect of membership

Commencement date:

D	D	M	M	Y	Y	Y	Y
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Date of first contribution:

D	D	M	M	Y	Y	Y	Y
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Note: Please note that contributions are payable to the Fund not later than seven days after the end of the month for which such contributions are payable.

Contributions payable in terms of the Rules of the Fund

Options in terms of the Rules of the Fund

Option 1: 6% employee / 6% employer

Option 3: 7% employee / 7% employer

Option 5: 8% employee / 7.5% employer

Option 2: 6.5% employee / 7.5% employer

Option 4: 7.5% employee / 7.5% employer

Option selected

Signature

I, the undersigned, hereby declare that the information provided is true and correct and I agree that non-disclosure or misrepresentation of information could result in the policy being declared null and void.

Authorised signature of Employer representative

D	D	M	M	Y	Y	Y	Y
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Date

Designation