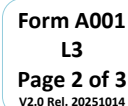


Please use block letters and complete in black pen

Name of local council			
SECTION A PARTICULARS OF EMPLOYEE			
Surname			
Full names			
Income tax number			
Postal address	Postal code		
Telephone Number – Mobile			
Telephone Number – Office			
Telephone Number – Home			
e-Mail address			
Date of birth	D D M M Y Y Y Y		
Employee number			
ID number <i>(Attach a copy of your ID)</i>			
Marital status	Unmarried Married Divorced Widow/er		
If divorced, date of divorce		D D M M Y Y Y Y	
Gender	Male Female		
SECTION B FUND OPTION SELECTION			
Fund option selection:	☐ Category A (2% Fund)	☐ Category C (Main retirement fund)	
*Please note: Members who elect the risk cover A3 option on CAT A will be contributing 3%, while the employer will only contribute 2%.			
SECTION C RISK BENEFIT SELECTION			
Category A (2% Fund)		Category C (Main retirement fund)	
☐ A1	Death Disability	☐ C1	Death Disability
☐ A2	Death Disability	☐ C3	Death Disability
☐ A3*	Death Disability	☐ C5	Death Disability
☐ A0	NO RISK COVER – Funeral cover only	☐ C0	NO RISK COVER – Funeral cover only



Date _____



Section F, Section G, Section H and Section I below must be completed by the EMPLOYER

SECTION F MEMBER SALARY BANKING DETAILS FOR TWO-POT WITHDRAWAL PURPOSES

(Please attach applicant's bank statement)

Bank name		Branch name	
Account number		Branch code	
Account holder name and surname			

Signature: Applicant

SECTION G SALARY and CONTRIBUTION INFORMATION

Please note:

From 1 August 2012, the contribution rates for all new members joining in Category C have been fixed at 7.5 % (2 % for Category A members) for member contributions and 18 % (2 % for Category A members) for employer contributions, unless the *Conditions of Service* in the employment contract between the member and the employer stipulate different rates (in which case written confirmation from the employer is required). The onus is on the employer to ensure that *Conditions of Service* are in adherence to relevant bargaining council agreements or any other statutory prescriptions to that effect.

Category A (2% Fund)		Category C (Main retirement fund)	
MONTHLY pensionable salary	R -	MONTHLY pensionable salary	R -
EMPLOYEE contributions	0 %	EMPLOYEE contributions	0 %
EMPLOYER contributions	0 %	EMPLOYER contributions	0 %

SECTION H SERVICE and MEMBERSHIP COMMENCEMENT DATES

Date of appointment at employer	D D M M Y Y Y Y
Pensionable service start date	D D M M Y Y Y Y
Fund membership commencement date	0 1 M M Y Y Y Y

Employment status of applicant (please tick the applicable option below):

☐

Permanent Worker

☐

Contract Worker

☐

Councillor

SECTION I DECLARATION by EMPLOYER

I declare on behalf of the Employer that the Employee qualifies for membership in terms of the Rules and that the particulars given above true and correct.

Official Stamp

Authorised signature: Employer

Date