



NEW ACCOUNT APPLICATION FORM

Name of Account Holder:

Physical Address:

Postal Address:

(as it appears on payslip)

Contact Person:

Designation:

Email Address:

Telephone No. (Bus):

Telephone No (Home):.

Mobile No.:

PLEASE NOTE:

- The fund must have the initial contribution and completed application form in respect of each applicant prior to the 1st of the month in which membership is to commence.
- Subscriptions are paid in advance [e.g. Subscriptions for January are paid in December]
- Subscriptions are due on the 31st of each month and failure to do so the account will be suspended automatically.

DECLARATION

Signature

SIGN HERE

Date:

dd/mm/yyyy