



New Member Entry Form

Complete where applicable using block letters or tick

Scheme Name:	<input type="text"/>		
Employer Name:	<input type="text"/>		
Employer Branch Name or Number:	<input type="text"/>	Scheme Number:	<input type="text"/>

Member's particulars (please complete in full)

Surname & Title:	<input type="text"/>	Member Ref. No.:	<input type="text"/>
Maiden Surname:	<input type="text"/>	Wage/Pay sheet No.:	<input type="text"/>
First Name and Initials:	<input type="text"/>	Sex:	<input type="text"/>
Identification Number:	<input type="text"/>	Date of Birth: <small>dd/mm/yyyy</small>	<input type="text"/>
Postal Address:	<input type="text"/> <input type="text"/> <input type="text"/>	Contact numbers:	(w) <input type="text"/> (h) <input type="text"/> (c) <input type="text"/>
Dependants:	<input type="checkbox"/> Y <input type="checkbox"/> N		
Marital Status:	Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other (Specify) <input type="text"/>		
Occupation:	<input type="text"/>	Number of Children:	<input type="text"/>
Language Preference:	English <input type="checkbox"/> Other (Specify) <input type="text"/>		
Salary Frequency:	Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>	Annual Pensionable Salary:	R <input type="text"/> - <input type="text"/>

Beneficiary Nomination

	Surname & Title:	First Name & Initials	ID no.	Relationship to member	% Share
Beneficiaries:					
Other Nominees:					

Service and Membership Details

Pensionable start date: <small>dd/mm/yyyy</small>	<input type="text"/>		
Date of entry into service: <small>dd/mm/yyyy</small>	<input type="text"/>	Breadwinner Status:	<input type="text" value="Y"/> <input type="text" value="N"/>
Date of entry into scheme: <small>dd/mm/yyyy</small>	<input type="text"/>	Executive Status: Status:	<input type="text" value="Y"/> <input type="text" value="N"/>
Date of first contribution deduction: <small>dd/mm/yyyy</small>	<input type="text"/>	Date for past service accrual:	<input type="text"/>

Signatures:			
Member:	<input type="text"/>	on behalf of Employer/Trustees:	<input type="text"/>
Date: <small>dd/mm/yyyy</small>	<input type="text"/>	Date: <small>dd/mm/yyyy</small>	<input type="text"/>

NOTES

1. It is important that all information supplied is complete and accurate in order that a correct member record is established.
2. In terms of the rules, membership is compulsory on eligibility date for new members after the scheme's commencement date.
3. Members must be in active service on the first day of membership.
4. Should your personal details change we recommend that you update your details.