



Please tick (✓) appropriate block

New Admission¹

Re-appointment

Amendment

Transfer

Permanent Employed

1. PARTICULARS OF MEMBER

01. Employee Code / Salary Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
02. Title (Mr Ms Mrs Dr Prof)													<input type="text"/>
03. Pay Point (government employees)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
04. Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
05. First Names (in full)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
06. Maiden Name (if applicable)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
07. Identity Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
08. Gender (M=Male F=Female)													<input type="text"/>
09. Marital Status (M=Married S=Single D=Divorced W=Widow[er])													<input type="text"/>
10. Starting Salary (per annum) ²							<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11. Admission Date to the Fund							<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12. Tax Registration Number (if available)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. CONTACT DETAILS OF MEMBER

Postal Address	<input type="text"/>
Residential Address	<input type="text"/>
E-Mail Address	<input type="text"/>
Telephone Number (h)	<input type="text"/>
(w)	<input type="text"/>
Cellphone Number	<input type="text"/>

NB: Please indicate an amendment with an asterix (*).

¹Contract employees are not legible for membership to the Fund.

²Starting salary means the annual salary as per the salary notch.

3. DOCUMENTS REQUIRED

Please provide us with original certified copies of the following documents, whenever applicable, to enable us to finalize the request within the prescribed time.

Documents:	Admission	Amendment
Identity Document	x	x
Marriage Certificate / Affidavit (s) for Traditional Marriage		x
First Pay Slip / Remittance Advice	x	x
A copy of staff record card		x
Proof of change (eg Marriage Certificate)		x
Last pay certificate / last payslip at previous employer / first payslip at new employer		x

4. DECLARATION AND CERTIFICATION FOR AND ON BEHALF OF EMPLOYER

I, the undersigned, hereby certify that all particulars furnished in this form are true and correct.

Full Names _____

Official Designation _____

Employee code _____

E-Mail Address _____

Telephone Number _____

Fax Number _____

Official Date Stamp

Signature _____ Date _____

NB: To be completed by an authorised HR Official.

FOR OFFICIAL USE ONLY

Specimen Signature verified: Y N

Specimen Signature Matching: Y N

Verified and processed by: _____ Signature: _____

Date: _____