

Admission / Amendment

(Please complete the form in full)

Please tick (\checkmark) appropriate block

New Admission ¹	Re-appointment	Amendment
Transfer	Permanent Employed	

1. PARTICULARS OF MEMBER

1.	Employee Code / Salary Number										
2.	Title		MF	R	MRS	MS		DR		PROF	
3.	Pay Point (government employees)										
4.	Surname										
5.	First Names (in full)										
6.	Maiden Name (if applicable)										
7.	Identity Number										
8.	Gender (M=Male F=Female)					M=Male	9		F=Fe	male	
9.	Marital Status (M=Married S=Single D=Div	vorced W=	=Widow[er])	М	S		D		W	
10.	Starting Salary (per annum) ²								-		
11.	Admission Date to the Fund		D		Μ		Y				
12.	Tax Registration Number (if available)										

2. CONTACT DETAILS OF MEMBER

Postal Address		 								
Residential Address			 							
E-Mail Address			 							
Telephone No	(h)					(w)				
Cellphone No										

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

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

² Starting 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	Х	Х
Marriage Certificate / Affidavit (s) for Traditional Marriage		Х
First Pay Slip / Remittance Advice	Х	Х
A copy of staff record card		Х
Proof of change (eg Marriage Certificate)		Х
Last pay certificate / last payslip at previous employer / first payslip at new employer		Х

4. DECLARATION AND CERTIFICATION FOR AND ON BEHALF OF EMPLOYER

I, the undersigned, hereby certify that all particulars furnished in this for	m are true and correct.
Full Names	
Official Designation	
E-Mail Address	
Telephone No.	Official Date Stamp
Fax No.	
SignatureDate	
NB: To be completed by an authorised HR Officer.	

FOR OFFICIAL USE ONLY

Specimen Signature verified: Yes No	Specimen Signature Matching: Yes No	
Verified and processed by:	Signature:	
Date:		