APPLICATION FORM ADDITIONAL VOLUNTARY CONTRIBUTIONS (AVCS)

USE CAPITAL LETTERS TO COMPLETE THIS FORM.



Employer/Division/:
I,
/
Rfor the tax year ending 28/02/
And/or
Wish to make additional voluntary monthly contributions of R
deducted from my salary with effect from
I hereby authorise
Signed at
Signed by Employee Employee Pension Number
Email address Telephone /Cellphone number

For more information

Tel: 021 421 0190 Email: info@thacsa.co.za Website: thacsa.co.za