



A life of service  
deserves a service for life



## INSTALLATION FORM FOR NEW PARTICIPATING EMPLOYER

### Details in respect of the Owner/Partner

Full Name:	<input type="text"/>
Telephone No.:	<input type="text"/>
Cell No.:	<input type="text"/>

### Details in respect of Business

Full registered name of business:	<input type="text"/>
Registered number of business:	<input type="text"/>
Physical Address:	<input type="text"/>
	<input type="text"/>
Postal Address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
E-mail Address:	<input type="text"/>
Telephone No.:	<input type="text"/>
Fax No.:	<input type="text"/>

### Details in respect of Accountant/HR person/Contact

Full Name:	<input type="text"/>
Telephone No.:	<input type="text"/>

### Details in respect of Broker (If applicable)

Full Name of Brokerage:	<input type="text"/>
Telephone No.:	<input type="text"/>
Postal Address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
E-mail Address:	<input type="text"/>
Contact Person:	<input type="text"/>

## Details in respect of membership

Commencement date:

D	D	M	M	Y	Y	Y	Y
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Date of first contribution:

D	D	M	M	Y	Y	Y	Y
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Note: Please note that contributions are payable to the Fund not later than seven days after the end of the month for which such contributions are payable.

## Contributions payable in terms of the Rules of the Fund

Options in terms of the Rules of the Fund

**Option 1:** 6% employee / 6% employer

**Option 3:** 7% employee / 7% employer

**Option 5:** 8% employee / 7.5% employer

**Option 2:** 6.5% employee / 7.5% employer

**Option 4:** 7.5% employee / 7.5% employer

**Option 6:** 5% employee / 5% employer

Option selected

## Signature

I, the undersigned, hereby declare that the information provided is true and correct and I agree that non-disclosure or misrepresentation of information could result in the policy being declared null and void.

Authorised signature of Employer representative

D	D	M	M	Y	Y	Y	Y
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Date

Designation