

# CHANGE OF ADDRESS



Please send your completed application form and required documents to:

**Mail:** The Manager, Sentinel Retirement Fund, PO Box 61172, Marshalltown, 2107

**E-mail:** info@sentinel.za.com

**Toll Free:** 0800 776 861

Industry / Participant Number

Title

Initials

Surname

Identity | Passport Number

Gender

M

F

Tax Number

Birth Date

Y

Y

Y

Y

M

M

D

D

## POSTAL ADDRESS

PO Box Number

Suburb, City or Town

Postal Code

## RESIDENTIAL ADDRESS

House / Complex Number

Street Name

Suburb

City

Postal Code

## CONTACT DETAILS

Tel

Mobile

Email

Please indicate the preferred method of communication

SMS

Email

Telephonic

Postal

Signature

Electronic signatures are not permitted to be used on this Application Form.

Date opened

Y

Y

Y

Y

M

M

D

D

**Sandton:** 5th Floor, 92 Rivonia Road, Wierda Valley, Sandton, 2196 | Toll-Free 0800 776 861

**Carletonville:** S Buys Office Park, Shop 10, Corner Kaolin and Radium Streets, Tel (011) 481 8290/1

**Klerksdorp:** 54 Buffeldoring Street, Wilkoppies, Tel (018) 468 7309 | **Welkom:** Shop 24, The Strip, 314 Stateway, Tel (011) 481 8025/6

**Emalahleni/Witbank:** WCMAS Building, Corner OR Tambo and Susanna Streets, Tel (011) 481 8295/6