

LIFE CERTIFICATE

LIFE01



Industry / Participant Number

PERSONAL DETAILS

Title	Initials	Surname	
Identity Passport Number		Gender	
		<input checked="" type="checkbox"/> F <input type="checkbox"/> M	
Tax Number	Date of Birth		
		Y Y Y Y M M D D	
Tel			
Mobile			
Email			

POSTAL ADDRESS

PO Box Number	Suburb, City or Town	Postal Code
Please indicate the preferred method of communication		
<input type="checkbox"/> SMS <input checked="" type="checkbox"/> Email <input type="checkbox"/> Telephonic <input type="checkbox"/> Postal		

PENSIONER DECLARATION

	I declare that I am a pensioner of the Fund, and understand that if I fail to return this document, my monthly pension will be suspended, and that a false declaration will lead to legal action by the Fund.
Signature of Member	Date
Electronic signatures are not permitted to be used on this Application Form.	Y Y Y Y M M D D

WITNESS DECLARATION

I certify that the pensioner knows and understands the contents of this declaration which was signed before me on	
this	day of 2 0
Full Name(s)	
Telephone No	
Commissioner of Oaths	Bank Manager
Police Officer	Minister of Religion
Lawyer/Solicitor	Fund Official
Post Office Manager/Postmaster	
Stamp of Institution / Commissioner of Oaths	

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