

PENSIONERS: ADDITIONAL TAX DEDUCTION

ADDTAX01



Please send your completed form to:

Email: info@sentinel.za.com

Hand in: at your nearest Client Service Centres situated in Sandton, Welkom, Klerksdorp, Carletonville and Witbank/Emalahleni.

Please note: Only option forms received by close of business on the 20th of the month will be taken into account for your next pension payment.

Example:

- An option received on or before 20 March will be applied to your April pension payment.
- An option received on 21 March will only be applied to your May pension payment.

Industry / Participant Number (Pensioner)

Identity Number (Pensioner)

PERSONAL DETAIL – ALL FIELDS TO BE COMPLETED

Title	Initials	Surname	
Full Names (First Two Names in Full)			
1		2	
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 Number		Mobile Number	
Email			
Please indicate the preferred method of communication	☐ SMS	☐ Email	☐ Telephonic ☐ Postal

I,
(Please print initials and Surname) the undersigned, hereby request that an additional amount of R ,
(Please print amount in words)
be deducted **per month** continuously until I submit a written instruction to the Fund to change it.

Signature

Date

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

☐ 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 Buffelsdoorn Road, Flamwood, Tel (011) 481 8024/8 | **Welkom:** Shop 25, The Strip, 314 Stateway, Tel (011) 481 8025/6

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