	National Treasury											Z									Z125 G.PS 81/100374													
Pensions Administration ADMISSION TO FUND SEE INSTRUCTIONS OVERLEAF																						Bar Code												
TYPE OF TRANSACTION: A. New Admiss												B. Other Change											C. Transfer Between Funds											
A) PERSONAL DETAILS																			-	1														
1. Pension No.										2.											2. Salary No.											4		
3. Title					4	. Sı	irna	me																				\perp	Ļ	Ļ	Ļ	Ļ	ļ	
5. First name																																		
6. Middle names																																		
7. Gender		Male Female									8. ID No.																							
9. Date of birth	С	С	Y	Y	\mathbb{N}	\mathbb{N}	D	D				10	. Pa	assp	ort	No]	
11. Maiden name]	
12. Date of marriage C C Y Y						\mathbb{M}	M M D D				13 . Income tax number]	
14. Marital status Single Married Divorced Widow/er Life Partner 15. Service date C Y Y M D D)																				
B) PERSON'S CONTACT DETAILS 1. Preferred contact Postal Fax Email																																		
2. Postal address	Γ																			Τ														
	Ī														ĺ					T														
3.Residential address																																		
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4. Tel No.	Ē	С	0	D	F													1	5		 1 :		Г					, 					\square	
 Fer No. Email address 	F	<u> </u>	0															-	5.	T		NO.							<u> </u>				\square	
6. Email address	L L						+]_			С	0	Г		F					1			<u> </u>	<u> </u>				
C) EMPLOYMENT	DE.	TA	ILS											/ .	Fax	NO.					_]				L				
1. Name of employer]	2.	. En co		yer						\square	
3. Date of present								4	4. Annual RRR									R	R	5. Occupation Code (see overleaf)								\square						
6 Nature of appointment Contract Tomporary Dormonant 7. Fu																			(30	eu	Vern	501)	I		\square									
D) PARTICULARS OF LAST EMPLOYMENT																																		
1. Was the person a member of any pension fund administered by this Pensions Administration during his/her last employment? Yes No If yes, complete below																																		
2. Name of fund	<u> </u>	<u>, </u>																	י ך		Pen No.	sio	n											
4 . Employer																					10.								<u> </u>					
5. Nature of	Cor	ntra	act	-	Tem	npor	arv		Per	ma	iner	nt		Peri		С	С	Y	Y		M	M	D	D	То	С	С	Y	Y	М	М	D	D	
7. Any break in service to be disregarded (see overleaf)																_		ן ו					_											
		: t0		г							ш) Б					C	C	Y	Y		VI	IVI	D	D	1.0	┝	С	Y	Y	M	M	D	D	
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For official use k I certify that the particular) CERTIFICATION PARTICULARS for official use by the Employer only certify that the particulars on this form have been verified against the elevant documents and records and are true and correct.														OFFICIAL DATE STAMP OF EMPLOYER																			
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Designation	Ļ						\square																						nitia	ls			Щ	
Employer contact Surname:														Ļ												<u> </u>								
Tel No. COD	E					[Fa	x N	О.	С	0	Γ		E													
E-mail address]		54	487	0 7	_		
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