NEW ENTRANT FORM (INDIVIDUAL)

FUND NAME:	
PARTICIPATING EMPLOYER:	

MEMBER'S ER. Ref. No.		**MEMBER CATEGORY**		
MEMBER'S SURNAME:				
MEMBER'S FIRST NAMES:				
IDENTITY NUMBER (Date of Birth):	Y Y M M D D			
GENDER	M	F		
PENSIONABLE SALARY:				
DATE OF ENTRY INTO SERVICE:	D D M M Y Y Y Y			
DATE OF ENTRY INTO FUND:	D D M M Y Y Y Y			

TRANSFERS IN:	YES		NO		Transfers refer to Withdrawal Benefits NOT taken in cash but rather transferred by way of a Recognition of Transfer between the Transferor Fund (Previous Fund) and the Transferee Fund (Receiving Fund).

If YES, confirm details:	
Previous Fund Administrator:	
Contact Person:	
Contact Number:	
EMPLOYER SPECIAL NOTES:	

SIGNED ON BEHALF OF THE FUND / EMPLOYER:		COMPANY STAMP	
FULL NAME:			
DESIGNATION:		**DATE:**	D D M M Y Y

ADMINISTRATOR SPECIAL NOTES:	

For Fundwise use:	Data Captured by:		**DATE:**	D D M M Y Y

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