

<input type="checkbox"/> HEAD OFFICE P O Box 32528 Braamfontein, 2017 76 Julia Street Braamfontein, 2017 Tel: (011) 520-0000 Fax: (011) 520-0001 PSSPF: (011) 520 0080 CCNPF: (011) 520 0900	<input type="checkbox"/> DURBAN P O Box 2183 Durban, 4000 4th Floor, Victoria Maine 71 Margaret Mncadi Avenue Durban, 4001 Tel: (031) 304-0501 Fax: (031) 304-2418	<input type="checkbox"/> PORT ELIZABETH P O Box 27135, Greenacres Port Elizabeth, 6057 70 - 2nd Avenue, Newton Park Port Elizabeth, 6045 Tel: (041) 391-5200 Fax: (041) 391-5230	<input type="checkbox"/> CAPE TOWN P O Box 1680 Cape Town, 8000 12th Floor 1 Thibault Square Thibault Square Cape Town, 8001 Tel: (021) 403-9200 Fax: (021) 421-3559	<input type="checkbox"/> RICHARDS BAY P O Box 2183 Durban, 4000 Suite No 12 Lakeview Terrace 7 Trinidad Richards Bay, 3901 Tel: (031) 366-7700 Fax: (031) 403-2418	<input type="checkbox"/> POLOKWANE P O Box 1924 Polokwane, 0700 20 Church Street Polokwane 0699 Tel: (015) 291-4184 Fax: (015) 291-5006	<input type="checkbox"/> PRETORIA Private Bag X35 Rosslyn, 0200 Rosslyn Satellite Office 30 Helium Street, Unit 10 Automotive Office Park Rosslyn, Pretoria, 0002 Tel: (012) 564-3363 Fax: (012) 564-3362
---	--	---	---	---	---	--



Leader In People Benefits In Africa

NEW ENTRY FORM AND STATIC DATA CHANGES

Scheme Name:		<input type="text"/>	
Company Name/Employer:		<input type="text"/>	
Branch Name:	<input type="text"/>	Branch Name:	<input type="text"/>
GLA Member only:	<input type="text" value="Yes/No"/>	PHI Member only:	<input type="text" value="Yes/No"/>
Title: Mr, Mrs, Dr, Prof:	<input type="text"/>	Funeral Benefit only:	<input type="text" value="Yes/No"/>
First Name:	<input type="text"/>	Middle Name:	<input type="text"/>
Surname:	<input type="text"/>	Initials:	<input type="text"/>
Pension Salary:	<input type="text" value="R"/>	Payroll Frequency:	<input type="text"/>
Risk Salary:	<input type="text" value="R"/>	Monthly:	<input type="text"/>
		Weekly:	<input type="text"/>
Employee No.:	<input type="text"/>	ID Type: ID Book	<input type="text"/>
ID Number:	<input type="text"/>	Reference Book	<input type="text"/>
Date of Birth:	<input type="text"/>	Passport	<input type="text"/>
		Other	<input type="text"/>
Sex:	<input type="text"/>	Marital Status: (In full e.g. Married)	<input type="text"/>
Language		Number of Dependents:	<input type="text"/>
Afrikaans	<input type="text"/>	00 = Without	
English	<input type="text"/>	01 = With	
Zulu	<input type="text"/>	Bank Name:	<input type="text"/>
Xhosa	<input type="text"/>	Branch Code:	<input type="text"/>
Other	<input type="text"/>	Account No.:	<input type="text"/>
Tax Reference No.:	<input type="text"/>	Type of account:	<input type="text"/>
Tax Office:	<input type="text"/>	Member's Postal Address:	<input type="text"/>
Date Employed:	<input type="text"/>		<input type="text"/>
Date Joined Pensionable Service:	<input type="text"/>	City:	<input type="text"/>
Date Joined Scheme:	<input type="text"/>	Province:	<input type="text"/>
		Postal Code:	<input type="text"/>

Employer's Declaration:

Employer's Stamp

Signature: _____

Designation: _____

Dated: _____