

**SUMMARY OF NEW ENTRANTS (Please complete a new entry form for each new member)**

NO	FULL NAMES	EMPLOYEE NUMBER	DATE OF BIRTH	SALARY			MONTHLY CONTRIBUTION
				ACTUAL	BASIC	RISK	
1							
2							
3							
4							
5							
6							
7							
8							
9							
No. of Members				TOTAL			

**SUMMARY OF TERMINATIONS (Please complete a claim for every terminated member)**

1							
2							
3							
4							
5							
6							
7							
8							
9							
No. of Members				TOTAL			