

NEW MEMBER APPLICATION

To be completed by employer and member

Web access to personal account

- All sections must be completed in full using BLOCK LETTERS.
- Please indicate all options selected by means of a cross (X).
- To enable Acravest to process this form, please ensure that it is completed in full and that the information provided is accurate.
- Please sign next to any amendments made on this form.

MEMBER DETAILS

Pension Fund Provident Fund Pension & Provident Fund

Fund name

Employer

Full names

Surname

Identity number Date of birth

Company employee number Gender

Marital status

Occupation

Physical address

Postal address Postal code

Telephone Number Cellphone Number

Fax Number

E-mail address

MEMBER'S BANK DETAILS

Account Holder

Name of bank Branch

Account Number Branch code

Account Type

MEMBER'S TAX DETAILS

Income tax reference number

Income tax office

FUND DETAILS

Category

Paypoint

Date employed Annual pensionable salary

Date joining fund Annual risk salary

Investment option (if applicable)

NOTE: Please ensure that the member completes a 'Nomination of beneficiaries' form. Also attach an original certified copy of the new member's identity document.

We hereby certify that the above information is true and correct in every detail.

 Authorised signature of employer
 Date

 Member signature
 Date

 Company Stamp