

**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