



Private Bag X14, Highveld Park, 0157

administered by 

BREAK IN SERVICE FORM

FOR THE MONTH OF: _____

| CURRENT INFORMATION | | | | INFORMATION TO BE CHANGED | | | | |
|----------------------|-----------|-----------------|----------------|---------------------------|-----------|-----------------|-----------------------------------|----|
| SURNAME AND INITIALS | ID NUMBER | EMPLOYEE NUMBER | PENSION NUMBER | SURNAME AND INITIALS | ID NUMBER | EMPLOYEE NUMBER | BREAK IN SERVICE DATE YYYYMMDD | |
| | | | | | | | FROM | TO |
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PLEASE NOTE: THIS FORM MUST BE SIGNED

(BLOCK LETTERS)

(AUTHORISED BY COUNCIL)

DESIGNATION

IN SERVICE DURING PREGNANCY: Break-in service not to be completed if woman received a percentage of her salary.
If this form is not sufficient for all changes, copies will also be accepted.

Fax or e-mail completed forms to Sanlam Corporate:

West End Office Park, Block D, 250 Hall Street, Centurion, 0157
Private Bag X14, Highveld Park, 0169
Call Centre Tel: (012) 683 3900, Fax: (012) 683 3996
E-mail: north.post@sanlam.co.za