



**REQUEST TO CHANGE MEMBER INFORMATION** 

Please complete the i	ollowing compulsory infor	nation:
INITIALS, NAME AND SURNAME		
EMPLOYEE NUMBER		
ID NUMBER		
Complete ONLY the in	nformation that has change	d:
SURNAME (Please attach a certified copy of your ID. In case of marri		riage, please also attach a certified copy of your
LANGUAGE PREFERE	ENCE	
ID NUMBER (Please attach a certified copy of the old and new ID)		
TAX NUMBER		
HOME ADDRESS		
WORK ADDRESS		
CONTACT DETAILS (HOME)		
(	WORK)	
	CELL)	
	FAX)	
F-MAIL ADDRESS	,	