



administered by Sanlam

Private Bag X14, Highveld Park, 0169

MEMBERSHIP APPLICATION FORM

FIRST NAME		
INITIALS		
SURNAME		
GENDER		
LANGUAGE PREFERENCE		
ID NUMBER (Please attach copy)		
DATE OF BIRTH		
PASSPORT NUMBER (Please attach copy)		
MUNICIPALITY		
DATE OF JOINING		
DESIGNATION		
PLEASE INDICATE WHETHER YOU WILL TRANSFER MONEY FROM YOUR PREVIOUS EMPLOYER?	YES	NO
PREVIOUSLY MEDICAL BOARDING?	YES	NO
IF YES, STATE DATE OF MEDICAL BOARDING		
CONTRIBUTION: Member 7.5% minimum		
Annual Salary:		

BANK DETAILS	
Name of Bank:	
Branch:	
Branch Code:	
Type of account:	
Account Number	

WORK ADDRESS	
PO Box:	
City / Town:	

HOME ADDRESS	
PO Box / Street:	
City / Town:	

CONTACT DETAILS	
Telephone (H):	
Telephone (W):	
Mobile:	

EMPLOYEE NUMBER _____

TAX REFERENCE NUMBER _____

LAST RENDERED TAX OFFICE _____

E-MAIL ADDRESS _____

I NOMINATE THE FOLLOWING BENEFICIARIES OF MY MGF BENEFIT			
FULL NAMES AND SURNAMES	DATE OF BIRTH	RELATIONSHIP	%

I hereby apply to become a member of the Municipal Gratuity Fund, subject to the Rules of the Fund.

SIGNED AT _____ ON THIS _____ DAY OF _____

IN THE PRESENCE OF THE UNDERSIGNED WITNESS

EMPLOYEE'S SIGNATURE

WITNESS SIGNATURE

The local authority agrees to pay the prescribed contributions in respect of the EMPLOYEE in terms of the Rules of the MUNICIPAL GRATUITY FUND.

SIGNED AT _____ ON THIS _____ DAY OF _____

STAMP OF LOCAL AUTHORITY

ON BEHALF OF LOCAL AUTHORITY

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