

Income Tax Ref. No.12/1/12/187 Registration No 25/7/7/107

NEW MEMBER APPLICATION FORM

COMPLETE WHERE APPLICABLE USING BLOCK LETTERS OR TICK [/]

Employer									C	Cost Centre						
Previous Municipality (if									C	JSC CEI	itie					
applicable)	anty (II															
Title & Surname								C	Company Ref. No:							
First Name & Initials										Date of Birth:						
Identity number					Gender:			М	Male			Female				
Income Tax Number						Revenue Office:										
Contact Number			Email Address													
Postal address																
Marital Status		Married	Sin	Single		Divorced			W	Widowed				Separated		
Dependants		Yes	No													
Date of entry into service						Date of first contribu				ution						
Pensionable salary		N\$	PM			PA			0	Occupation						
election, he shall increased on 1 Ju		.5%. These ra	ates	may be												
3 - BENEFICIARY NO	OMINATION															
3 - BENEFICIARY NO		ame, Initials	&	Date of	Birth		Relatio nemb	nship t er	0 %	Share		Guard (Nam	dian ie & Ad	ddress	5)	
3 - BENEFICIARY NO	Title, First N	ame, Initials (&	Date of	Birth			•	0 %	Share				ddress	;)	
	Title, First N	ame, Initials (&	Date of	Birth			•	o %	Share				ddress	;)	
	Title, First N	ame, Initials a	&	Date of	Birth			•	0 %	Share				ddress	s)	
3 - BENEFICIARY NO Dependants	Title, First N	ame, Initials o	&	Date of	Birth			•	0 %	Share				ddress	;)	
	Title, First N	ame, Initials	&	Date of	Birth			•	0 %	Share				ddress	;)	
Dependants	Title, First N	ame, Initials	&	Date of	Birth			•	o %	Share				ddress	5)	
	Title, First N	ame, Initials	&	Date of	Birth			•	0 %	Share				ddress	s)	
Dependants	Title, First N	ame, Initials	&	Date of	Birth			•	o %	Share				ddress	;)	
Dependants Other Nominees	Title, First N	ame, Initials	&	Date of	Birth			•	0 %	Share				ddress	5)	
Dependants	Title, First No Surname			Date of		n	nemb	•	0 %	Share				ddress	s)	

Members must be in active service on the first day of membership.

The original of this form must be kept by the Employer on the member's personnel file.