

CAPE MUNICIPAL PENSION FUND

APPOINTMENT OF PERMANENT EMPLOYEE (NEW MEMBER)

Surname: LD. Number; First Names: Title: Gender; Home Language: Marital Status: Phone No. (H): Postal Address: Cell No: residential Address: Postal Code: residential Address: Fmail Address:	ame of Employer:	Date:
Surname: I.D. Number; First Names: Title: Gender: Home Language: Mirtal Status: Phone No. (H): Postal Address: Cell No:		
Surname: I.D. Number; First Names: Title: Gender: Home Language: Mirtal Status: Phone No. (H): Postal Address: Cell No:	PERSONAL DETAILS	Staff/Ref. No.:
First Names: Title: Gender: Home Language: Marital Status: Phone No. (H): Phone No. (W): Phone No. (H): Postal Address: Cell No: Residential Address: Cell No:	Surname:	
Gender: Home Language: Marital Status: Phone No. (H): Phone No. (W): Postal Code: Postal Address: Postal Code: Residential Address: Postal Code: Tax Ref. Number: Postal Code: Surname: First Names: Tax Ref. Number: Email Address: Surname: First Names: Title: LD. Number: Gender: Phone No. (H): Phone No. (W): Cell No:: Cell No:: Phone No. (H): Phone No. (W): Cell No:: Cader: Phone No. (H): Date of Commencement: Commencing Salary: R per month Designation:		
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Phone No. (W): Phone No. (W): Postal Address: Postal Address: Postal Code:		
Postal Address: Cell No.: Postal Code: Postal Code: Residential Address: Postal Code: Tax Ref, Number: Email Address: SPOUSE'S DETAILS Email Address: Surname: First Names: Title: LD. Number: Gender: Phone No. (H): Phone No. (W): Cell No.: Date of Commencement: Commencing Salary: R per month Designation: Branch:		Phone No (H).
Postal Code: Residential Address: Postal Code: Tax Ref. Number: Email Address: SPOUSE'S DETAILS Surname: First Names: Title: I.D. Number: Gender: Phone No. (H): Phone No. (W): Cell No: APPOINTMENT DETAILS Commencing Salary: R per month Designation: Branch:		
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Phone No. (W): Cell No.: APPOINTMENT DETAILS Date of Commencement: Commencing Salary: Department: Branch: Department: Branch: ARE YOU A PAID-UP MEMBER OF THE FUND (If yes please supply all paid-up certificates) YES: NO: Fund Name(s): Contact: Contact: Contact: DYOU INTEND TO TRANSFER ANY MONEY FROM A PREVIOUS EMPLOVER'S FUND Yes: No: Name of Employer (1): Previous Staff/Ref No (1): Name of Employer (2): Previous Staff/Ref No (2): Fund Name (1): Fund Name (2):		
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Designation:	APPOINTMENT DETAILS	
Department: Branch: ARE YOU A PAID-UP MEMBER OF THE FUND (If yes please supply all paid-up certificates) YES: NO: Fund Name(s): Contact: Fund Name(s): Contact: YES: Contact: YES: NO: Yes: NO: No: No: Yes: No: Name of Employer (1): Previous Staff/Ref No (1): Name of Employer (2): Previous Staff/Ref No (2): Fund Name (1): Fund Name (2):	Date of Commencement:	Commencing Salary: R per month
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Name of Employer (2): Previous Staff/Ref No (2): Fund Name (1): Fund Name (2):	Yes:	No:
Name of Employer (2): Previous Staff/Ref No (2): Fund Name (1): Fund Name (2):	Name of Employer (1):	Previous Staff/Ref No (1):
Fund Name (1): Fund Name (2):		
Contact acting,		

ADDITIONAL VOLUNTARY CONTRIBUTION (Maximum of 2%) Amount: R Date:	or	Percentage:
MEMBERS INVESTMENT CHOICE		
OPTION 1		

I wish to elect the Life Stage Model and I acknowledge and understand that 100% of my Retirement Fund savings, i.e. my current Fund Credit and my future Fund Contributions to the Fund will be invested in the Life Stage Portfolio.

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I choose Option 2 below

OPTION 2 (Own Choice portfolios):

INVESTMENT PORTFOLIO	"A" % FUND CREDIT	"B" % FUTURE CONTRIBUTIONS
Market		
Money Market		
Low Equity Balanced		
Shari'ah		

I hereby confirm that the above details are correct, and that I will make no claim against the Cape Municipal Pension Fund in the event of any loss, damage or claim arising from the use of this information, or in the event that incorrect information has been supplied by me:

Signature of employee:	Date:
APPROVAL BY EMPLOYER	
Employee:	Signature:
Branch Head:	Signature:
Department Head:	Signature:

ADMINISTRATION AND ENQUIRIES: Cape Municipal Pension Fund

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