

Pensioner Membership Application Form

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Membership Peric	ce:	D	D	М	М	Υ	Υ	Υ	Υ	ID) / Pas Num		Ī.													
SECTION A - PRINCIPAL MEMBER DETAILS																										
Surname																										
First Names (In full)																										
Date of Birth	D	D	М	М	Y	Υ	Y	Υ		Pleas	/Fer e tick v propria	vhere		М	F											
Nationality																										
SECTION B - EM	PLC	YME	ENT	DE	ΓAIL	.S																				
Name of New or Current employer																										
Date of employment	D	D	М	М	Υ	Υ	Υ	Υ	Da	ate of v	term	ninatio urren	n of	emplo oloyer	yme	nt	[) D		М	М	Υ	Υ	Y	Y	
Reasons for termination (When ill-health is cited a motivational medical report from personal doctor should be attached)	9																									

SECTION C - DEPENDANTS

Dependants Names	Relation to member	Age	Scheme	Current Subscription rate
1				
2				
3				
4				
5				

SECTION D - DI	ECLA	RATIC	O NC	FFL	JTUF	RE E	COI	NOI	MIC	ACT	IVITI	ES	(1	Please	tick v	vhere	appli	cable	& pro	ovide o	letails	as ne	cessa	y)		
1 Do you own an	1. Do you own any existing business or business interests (i.e shares etc.) Yes No																									
1. Do you own an	y existi	1119 00311	1633 01	DOSII	1033 11	itere	363 (1.6	- 31 IG	1636	uc.)								+								
2. Are you plannin	2. Are you planning on running a business or participating in any new business interests?															Y	Yes No									
3. Is your spouse r	3. Is your spouse retired or in active employment?															Y	Yes No									
SECTION E - D	SECTION E - DECLARATION OF INCOME																									
РОВох																										
P/Bag																										
Home Phone														Т			Τ		Τ							
Work Phone									Cell f	Phone	9															
Email address																										
	Dissiral Manhae Causa																									
Principal Member Spouse Current Salary																										
Pension Fee	Future Salary/ Pension Fee																									
I hereby declare tha	at the a	above ir	nforma	tion is	s true	and o	corre	ct an	d cor	nfirm 1	that n	o inf	orma	tion r	eleva	nt to	this a	applica	ation	has b	een v	vithh	eld			
Signature														D	ate											
	- Date																									
							FC	DR (OFF	ICIA	L US	E C	DNL'													
Operational Ma	anage	er									Chi	ef E	xec	Jtive	Offi	icer										
									_															_		
Signature	Signature Date										Signature								Date							
Note: The aring a	n, res	uiross	nts f-	ar na	nsier	205 5	a one L	ore!		nnli-		incl	ıda:													
a) A full uninterruph) Age over 65 years	oted 10) years	membe	ership	with	the S	ociet	y																		
c) No under-aged d) No continued e	deper conom	ndants nic activi	ity for a	applic	ant or			. ,				110														
e) A clean/ regular Retirement due to	subcri	iption pa	ayment	t histo	ory																					
f) Letter from Em g) Advise slip from	ployer pensio	on fund																				,	Administ	ered by		
Retirement due to h) Motivational me i) Letter from Em	edical r	eport fr	om Do	ctor																		,	South	View		