

ENTRY FORM FOR NEW MEMBER

Complete this form and return to Fairsure. Please use block letters and select applicable boxes with tick.

Fund Name	<input type="text"/>
Employer Name	<input type="text"/>
Company Reference Number	<input type="text"/>
Member Fund Reference Number	<input type="text"/>

PERSONAL INFORMATION

Surname	<input type="text"/>	Date of Birth	Day	Month	Year
First Name	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Initials	<input type="text"/>	Gender	Male	Female	
ID Number	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Income Tax Number	<input type="text"/>	Marital Status	<input type="text"/>		
Tax Office	<input type="text"/>	Dependants	With	Without	
Occupation	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	

MEMBERSHIP INFORMATION

Date of entry into service	Day	Month	Year	Date of entry into fund	Day	Month	Year
	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Member's pay	R	<input type="text"/>		per	Week	Month	Annum
Member's monthly contribution	R	<input type="text"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This employee was at work on the first working day of membership.

Member's signature: _____	COMPANY STAMP
Employer's signature: _____	