



National Fund for Municipal workers Application for Membership

Please use block letters and complete in black pen

Name of local council	<input style="width: 95%;" type="text"/>
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SECTION A	PARTICULARS OF EMPLOYEE										
Surname	<input style="width: 95%;" type="text"/>										
Full names	<input style="width: 95%;" type="text"/>										
Income tax number	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Postal address	<input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 60%; height: 20px;" type="text"/> Postal code <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>										
Telephone Number – Mobile	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Telephone Number – Office	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Telephone Number – Home	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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e-Mail address	<input style="width: 95%;" type="text"/>										
Date of birth	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y		
D	D	M	M	Y	Y	Y	Y				
Employee number	<input style="width: 95%;" type="text"/>										
ID number <i>(Attach a copy of your ID)</i>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Marital status	<table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; padding: 2px 10px;"><input type="button" value="Unmarried"/></td> <td style="border: 1px solid black; padding: 2px 10px;"><input type="button" value="Married"/></td> <td style="border: 1px solid black; padding: 2px 10px;"><input type="button" value="Divorced"/></td> <td style="border: 1px solid black; padding: 2px 10px;"><input type="button" value="Widow/er"/></td> </tr> </table>	<input type="button" value="Unmarried"/>	<input type="button" value="Married"/>	<input type="button" value="Divorced"/>	<input type="button" value="Widow/er"/>						
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If divorced, date of divorce	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y		
D	D	M	M	Y	Y	Y	Y				
Gender	<table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; padding: 2px 10px;"><input type="button" value="Male"/></td> <td style="border: 1px solid black; padding: 2px 10px;"><input type="button" value="Female"/></td> </tr> </table>	<input type="button" value="Male"/>	<input type="button" value="Female"/>								
<input type="button" value="Male"/>	<input type="button" value="Female"/>										
Would you prefer to receive your fund value quarterly via SMS? <i>(The mobile number above will be used)</i>	<table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; padding: 2px 10px;"><input type="button" value="YES"/></td> <td style="border: 1px solid black; padding: 2px 10px;"><input type="button" value="NO"/></td> </tr> </table>	<input type="button" value="YES"/>	<input type="button" value="NO"/>								
<input type="button" value="YES"/>	<input type="button" value="NO"/>										

SECTION B	FUND OPTION SELECTION
Fund option selection:	<input type="checkbox"/> Category A (2% Fund) <input type="checkbox"/> Category C (Main retirement fund)

SECTION C	RISK BENEFIT SELECTION																																								
<u>Category A (2% Fund)</u>	<u>Category C (Main retirement fund)</u>																																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30px; text-align: center;"><input type="checkbox"/></td> <td style="width: 30px; text-align: center;">A1</td> <td style="width: 150px;">Death</td> <td style="width: 150px;">1 x Annual salary</td> </tr> <tr> <td></td> <td></td> <td>Disability</td> <td>1 x Annual salary</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">A0</td> <td colspan="2">NO RISK COVER - Funeral cover only > NOTE that the minimum age for this option is 40 years</td> </tr> </table>	<input type="checkbox"/>	A1	Death	1 x Annual salary			Disability	1 x Annual salary	<input type="checkbox"/>	A0	NO RISK COVER - Funeral cover only > NOTE that the minimum age for this option is 40 years		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30px; text-align: center;"><input type="checkbox"/></td> <td style="width: 30px; text-align: center;">C1</td> <td style="width: 150px;">Death</td> <td style="width: 150px;">1 x Annual salary</td> </tr> <tr> <td></td> <td></td> <td>Disability</td> <td>1 x Annual salary</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">C3</td> <td>Death</td> <td>3 x Annual salary</td> </tr> <tr> <td></td> <td></td> <td>Disability</td> <td>3 x Annual salary</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">C5</td> <td>Death</td> <td>5 x Annual salary</td> </tr> <tr> <td></td> <td></td> <td>Disability</td> <td>3 x Annual salary</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">C0</td> <td colspan="2">NO RISK COVER – Funeral cover only > NOTE that the minimum age for this option is 40 years</td> </tr> </table>	<input type="checkbox"/>	C1	Death	1 x Annual salary			Disability	1 x Annual salary	<input type="checkbox"/>	C3	Death	3 x Annual salary			Disability	3 x Annual salary	<input type="checkbox"/>	C5	Death	5 x Annual salary			Disability	3 x Annual salary	<input type="checkbox"/>	C0	NO RISK COVER – Funeral cover only > NOTE that the minimum age for this option is 40 years	
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Section F, Section G and Section H below must be completed by the EMPLOYER

SECTION F SALARY and CONTRIBUTION INFORMATION	
Category A (2% Fund)	Category C (Main retirement fund)
MONTHLY pensionable salary R -	MONTHLY pensionable salary R -
EMPLOYEE contributions %	EMPLOYEE contributions %
EMPLOYER contributions %	EMPLOYER contributions %

SECTION G SERVICE and MEMBERSHIP COMMENCEMENT DATES	
Date of appointment at employer	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Pensionable service start date	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Fund membership commencement date	<input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Is the applicant being regarded as a Special Employee according to the Fund Rules? (If yes, it should be noted that the member only qualifies for retirement benefits.)	<input type="button" value="YES"/> <input type="button" value="NO"/>

SECTION H DECLARATION by EMPLOYER	
I declare on behalf of the Employer that the Employee qualifies for membership in terms of the Rules and that the particulars given above true and correct.	
_____ Authorised signature: Employer	_____ Date
<div style="border: 1px solid black; border-radius: 15px; width: 200px; height: 80px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> Official Stamp </div>	