



National Fund for Municipal Workers Change of Personal Details

SEND COMPLETED FORM TO E-MAIL: A009@nationalfund.co.za

The Fund will not be liable for any losses or delays as a result of forms sent to an e-mail address other than the above.

By submitting this form, I hereby give consent that the Fund may communicate with me using the contact details provided on this form. I accept that the Fund will not be responsible for any confidential information sent to unauthorised recipients as a result of my failure to notify the Fund of any changes in my personal contact details.

MEMBER INFORMATION

Membership number	
Surname	
Full names	
Employer name	
Employee (Pay) number	
ID number <i>(Attach a copy of your ID)</i>	
Personal income tax number	
E-mail address	
Work telephone number	
Home telephone number	
Mobile number	
Home postal address	
Home physical address	

Signature: Member

D	D	M	M	Y	Y	Y	Y
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Date

National Fund for Municipal Workers CONTACT DETAILS

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