| | Form A012a L1 U12a Rel. 20190807 National Fund for Municipal Workers |
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| Application for Registration of a Life Partner | |
| NB: This form must be accompanied by Form A012b (Affidavit by Life Partner) as well as certified copies of the member as well as the life partner's identity documents. | |
| MEM | IBERSHIP No. Membership Number |
| I, the | undersigned (MEMBER Full Names and Surname |
| Ident | ity number do hereby state under oath / solemnly |
| declare that: | |
| 1. | I have been cohabitating as if married with the person whose particulars are stated below (my life partner) with the intention of continuing to do so. |
| 2. | We have been cohabitating for at least six months. |
| 3. | I regard him/her as my spouse. |
| 4. | We are mutually dependent on each other and we run a shared and common household at: |
| | PHYSICAL ADDRESS |
| | since D D M M Y Y Y |
| 5. | My life partner's particulars are as follows: |
| | LIFE PARTNER Full Names and Surname |
| | Identity number Gender M F |
| | Date of birth D M Y Y Y Monthly Income R Image: Comparison of the second se |
| 6. | I further undertake to provide the fund with written notification should the above union come to an end. Such notification should be in the form of an affidavit and shall be given within 30 days after the union ends. |
| 7. | I realise that registration of my life partner is subject to the material information in this affidavit being accurate and remaining so. |
| | Signature: Deponent Member D D M Y Y Y Date |
| I certif (1) (2) | fy that on DDMMYYYY at Piace The deponent acknowledged that he/she knew and understood the contents of the above declaration; Mark which is applicable: I duly administered the oath as prescribed by law; The deponent objected to taking the oath and did not consider it to be binding on his/her conscience. I accordingly duly |
| (3) | administered the affidavit as prescribed by law; and Thereafter the deponent signed the affidavit in my presence. |
| | Commissioner of Oaths |
| | National Fund for Municipal Workers CONTACT DETAILS P.O. Box 15515, Sinoville, 0129. Section 1, Business Park @ Zambezi, 860 Milkplum street, Montana, Pretoria, South Africa Tel: (012) 743 3000 • Fax: 086 668 0750 • www.nationalfund.co.za |