

Application for Retirement Benefits Form

1. This original application form must be completed, signed and handed over to Eskom/Eskom Rotek Industries Human Resources Business Partner, together with original certified copies of all relevant documents as listed in Section K.
2. Please initial each page and ensure that the pension number is written on each page.
3. Please complete this form in full. Incomplete forms will not be processed.

COMPLETE THIS FORM IN FULL AND PROVIDE ALL THE DETAILS AND DOCUMENTS REQUESTED. FAILURE TO DO SO MAY LEAD TO DELAYS IN PROCESSING YOUR APPLICATION FOR BENEFITS.

SECTION A - REASON FOR APPLICATION (Please mark with an "X")

- | | | | |
|----------------------------------|--------------------------|--|--------------------------|
| Normal Retirement (Rule 8.2) | <input type="checkbox"/> | Early Retirement with penalties (Rule 8.3) | <input type="checkbox"/> |
| Ill-Health Retirement (Rule 8.4) | <input type="checkbox"/> | Early Retirement with (no penalties) no potential service (Rule 8.3) | <input type="checkbox"/> |
| | | Early Retirement with (no penalties) with potential service (Rule 8.3) | <input type="checkbox"/> |

Last day in service

Do you wish to receive a monthly pension ? If yes complete Form 1

Do you wish to receive 100% of your benefit ? If yes complete Form 3

State reason for retrenchment below:

SECTION B - PERSONAL DETAILS OF MEMBER

- | | | |
|------------------------------------|--|---|
| Unique number | <input style="width: 95%;" type="text"/> | |
| Title | <input style="width: 95%;" type="text"/> | |
| Full names (Not initials) | <input style="width: 95%;" type="text"/> | |
| Surname | <input style="width: 95%;" type="text"/> | |
| Identity/Passport number | <input style="width: 95%;" type="text"/> | |
| SA Revenue Services Office | <input style="width: 95%;" type="text"/> | (Where Member submits his/her tax returns) |
| SA Revenue Services tax no | <input style="width: 95%;" type="text"/> | (Your 10-digit tax reference number as reflected on the employer payroll) |
| Marital status | <input style="width: 95%;" type="text"/> | |
| Date of marriage / customary union | <input style="width: 95%;" type="text"/> | |

Have you entered into more than one marriage union at a time? Yes No (If "Yes" please furnish details in a separate sheet)

Or co habitation/permanent live-in partner Yes No (If "Yes" please furnish details in a separate sheet)

Were you ever divorced? Yes No Please attach certified copy of the final Divorce Order (with all Annexures and Settlement Agreements) as signed by the relevant Clerk of the court to this form. Failure to do so may lead to delayed processing.

If "Yes" please stipulate date of divorce

* Please note

For the application of the Rule 6.3 and its benefits, prior consultation with the Employer and exercise of the discretion of the board of the EPPF is required. Please initial page here

Unique number

SECTION C - CONTACT DETAILS OF MEMBER

Telephone number

Fax number

Cellphone number

E-mail address

Would you like to receive future correspondence via e-mail?

Yes

No

Postal address (after exit)

Residential Address (after exit)

(Country)

(Country)

(Postal/International code)

(Postal/International code)

Details of next of kin (not living with you)

Name

Relationship

Telephone number

Cellphone number

Postal address

Residential address

(Country)

(Country)

(Postal code)

(Postal code)

SECTION D - COMMUTATION OF PENSION

What portion of your total pension do you wish to convert into lump sum?
Please indicate your choice by making only one of the following 4 options with an "X"

A No Lump sum &
Monthly Pension only

B One third &
Monthly Pension

C Maximum tax free &
Monthly Pension

D Other (State cash amount - less than option B)

R

Employee Signature _____

Please initial page here

The Pension Funds Act was amended on 1 March 2019 to include Regulation 39 to make provision for Retirement Benefit Counselling. This does not constitute advice but rather factual information, as it provides you with the options available at retirement.

This record must be held by each Fund for all persons exiting the Fund by means of Retirement. The document is to confirm that you have been made aware of your options and still wish to continue with the choice made on your application form.

Declaration Form

Checklist of Retirement options to be signed by counsellor and member.

The following issues were discussed:

Yes	No	That you need to obtain a retirement estimate from the Fund. Please make sure that all your personal details are correctly recorded (e.g. ID number, Marital Status, Spouse's Date of Birth) as incorrect information could affect the calculation of estimations provided.
Yes	No	The maximum cash that you may withdraw from the Fund when you retire.
Yes	No	The minimum cash that you may withdraw from the Fund when you retire.
Yes	No	How tax is paid on any cash lump sums that are withdrawn.
Yes	No	The income tax that you will pay on your monthly pension.
Yes	No	That you cannot transfer the remaining 2/3 (two-thirds) of your pension to an external source. You can only have an EPPF pension from your 2/3.
Yes	No	That your pension is guaranteed to be paid until you, the pensioner, or your surviving spouse (s) dies. Any qualifying children will also be entitled to a pension.
Yes	No	How your yearly pension increases are granted.
Yes	No	That your pension is guaranteed not to reduce unless you, the pensioner, die before your spouse(s) whereupon the pension will reduce to the survivor(s).
Yes	No	The benefits paid to your spouse/s (60%) and any eligible children {30% for one child/ 40% more than one child} if you die before they do. (Pension at retirement before commutation , including any subsequent increases).

All the above considerations have been discussed with me in my interview with the Retirement Benefits Counsellor.

Unique/Member number: _____

Initials and Surname

Signature

Place

Date

Retirement Benefits Counsellor

Initials and Surname

Signature

Place

Date

Please initial page here

Application for Retirement Benefits Form

Unique Number

DISCLAIMER

Please note that the Fund is required to provide counselling to you on withdrawal however this does not constitute financial advice and therefore the Fund recommends that you obtain independent financial advice. The Fund's counselling is limited to the options that you have at withdrawal in accordance with the Rules of the Fund and does not encompass an analysis of your total financial position and provisions of advice on financial arrangements.

Should you choose to opt out of counselling please ensure that you have received independent financial advice regarding your withdrawal options that take into account your options in terms of the Rules. Kindly also attest your signature on the form indicating your election to decline counselling. By signing this form, you hereby confirm that you have received independent professional advice and therefore of your own volition, without any undue influence, make an irrevocable decision to opt-out of EPPF counselling. You further agree and absolve the Fund from any liability or claim to yourself or any other persons, howsoever arising from your independent election to opt out of counselling. You understand the consequences of you election and indemnify the Fund against any claim, liability, penalty (including administrative penalties) or loss that may arise from your actions and hereby warrant that you understand all the options available to you.

Please initial page here

Unique number

SECTION E - PERSONAL BANKING DETAILS

Please Note: No payment will be made to third party accounts/spouses account

Full name of account holder

Name of bank

Name of branch

Branch code

Account Number - -

Account type

(Cheque/Saving/Transmission)

Please provide a bank letter on the bank's letterhead to confirm your banking details. If you wish to receive the benefits in a bank account outside South Africa, please complete the International Banking Form

Affix
Official
Bank Stamp

Bank's Official Signature (OPTIONAL) _____

Date _____

Member's signature _____

Date _____

Unique number

SECTION F - MEMBER'S DEPENDANTS

Full name (not initials) and surname (Spouse 1)	Birth date	Pension dependant
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 80%; height: 25px;" type="text"/>	<input style="width: 45%; height: 25px;" type="text" value="Yes"/> <input style="width: 45%; height: 25px;" type="text" value="No"/>

Identity number	<input style="width: 95%; height: 25px;" type="text"/>	Contact details
<input style="width: 95%; height: 25px;" type="text"/>		

Full name (not initials) and surname (Spouse 1)	Relationships	Birth date	Pension dependant
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 80%; height: 25px;" type="text"/>	<input style="width: 45%; height: 25px;" type="text" value="Yes"/> <input style="width: 45%; height: 25px;" type="text" value="No"/>
1	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 80%; height: 25px;" type="text"/>	<input style="width: 45%; height: 25px;" type="text" value="Yes"/> <input style="width: 45%; height: 25px;" type="text" value="No"/>
2	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 80%; height: 25px;" type="text"/>	<input style="width: 45%; height: 25px;" type="text" value="Yes"/> <input style="width: 45%; height: 25px;" type="text" value="No"/>
3	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 80%; height: 25px;" type="text"/>	<input style="width: 45%; height: 25px;" type="text" value="Yes"/> <input style="width: 45%; height: 25px;" type="text" value="No"/>
4	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 80%; height: 25px;" type="text"/>	<input style="width: 45%; height: 25px;" type="text" value="Yes"/> <input style="width: 45%; height: 25px;" type="text" value="No"/>
5	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 80%; height: 25px;" type="text"/>	<input style="width: 45%; height: 25px;" type="text" value="Yes"/> <input style="width: 45%; height: 25px;" type="text" value="No"/>

Full name (not initials) and surname (Spouse 2)	Birth date	Pension dependant
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 80%; height: 25px;" type="text"/>	<input style="width: 45%; height: 25px;" type="text" value="Yes"/> <input style="width: 45%; height: 25px;" type="text" value="No"/>

Identity number	<input style="width: 95%; height: 25px;" type="text"/>	Contact details
<input style="width: 95%; height: 25px;" type="text"/>		

Full name (not initials) and surname (Spouse 2)	Relationships	Birth date	Pension dependant
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 80%; height: 25px;" type="text"/>	<input style="width: 45%; height: 25px;" type="text" value="Yes"/> <input style="width: 45%; height: 25px;" type="text" value="No"/>
1	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 80%; height: 25px;" type="text"/>	<input style="width: 45%; height: 25px;" type="text" value="Yes"/> <input style="width: 45%; height: 25px;" type="text" value="No"/>
2	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 80%; height: 25px;" type="text"/>	<input style="width: 45%; height: 25px;" type="text" value="Yes"/> <input style="width: 45%; height: 25px;" type="text" value="No"/>
3	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 80%; height: 25px;" type="text"/>	<input style="width: 45%; height: 25px;" type="text" value="Yes"/> <input style="width: 45%; height: 25px;" type="text" value="No"/>
4	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 80%; height: 25px;" type="text"/>	<input style="width: 45%; height: 25px;" type="text" value="Yes"/> <input style="width: 45%; height: 25px;" type="text" value="No"/>
5	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 80%; height: 25px;" type="text"/>	<input style="width: 45%; height: 25px;" type="text" value="Yes"/> <input style="width: 45%; height: 25px;" type="text" value="No"/>

Full name (not initials) and surname (Spouse 3)	Birth date	Pension dependant
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 80%; height: 25px;" type="text"/>	<input style="width: 45%; height: 25px;" type="text" value="Yes"/> <input style="width: 45%; height: 25px;" type="text" value="No"/>

Identity number	<input style="width: 95%; height: 25px;" type="text"/>	Contact details
<input style="width: 95%; height: 25px;" type="text"/>		

Full name (not initials) and surname (Spouse 3)	Relationships	Birth date	Pension dependant
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 80%; height: 25px;" type="text"/>	<input style="width: 45%; height: 25px;" type="text" value="Yes"/> <input style="width: 45%; height: 25px;" type="text" value="No"/>
1	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 80%; height: 25px;" type="text"/>	<input style="width: 45%; height: 25px;" type="text" value="Yes"/> <input style="width: 45%; height: 25px;" type="text" value="No"/>
2	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 80%; height: 25px;" type="text"/>	<input style="width: 45%; height: 25px;" type="text" value="Yes"/> <input style="width: 45%; height: 25px;" type="text" value="No"/>
3	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 80%; height: 25px;" type="text"/>	<input style="width: 45%; height: 25px;" type="text" value="Yes"/> <input style="width: 45%; height: 25px;" type="text" value="No"/>
4	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 80%; height: 25px;" type="text"/>	<input style="width: 45%; height: 25px;" type="text" value="Yes"/> <input style="width: 45%; height: 25px;" type="text" value="No"/>
5	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 80%; height: 25px;" type="text"/>	<input style="width: 45%; height: 25px;" type="text" value="Yes"/> <input style="width: 45%; height: 25px;" type="text" value="No"/>

NOTE: If there are more spouses or children born/ legally adopted out of this marriage/s, please provide details on a separate sheet.
 FOR MEDICAL AID CONTINUATION/DEPENDENCY, PLEASE COMPLETE THE RELEVANT MEDICAL AID APPLICATION FORM.

Unique number

SECTION G (i) - DEDUCTION FROM MONTHLY PENSION

Private insurance (deductions will only be made where policy numbers and deductions amounts are provided)

Insurance company	Policy number	Value per month
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	R <input style="width: 80%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	R <input style="width: 80%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	R <input style="width: 80%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	R <input style="width: 80%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	R <input style="width: 80%; height: 20px;" type="text"/>

SECTION G (ii) - TO BE COMPLETED BY SHARED SERVICES (Not applicable to deferred retirements)

Date of engagement (employer)	<input style="width: 95%; height: 20px;" type="text"/>
Deemed start date (pension purposes)	<input style="width: 95%; height: 20px;" type="text"/>
Final annual basic salary	<input style="width: 95%; height: 20px;" type="text"/>

Should these two differ, service records must be attached

Pensionable earnings/basic salary, including market premium and long service, during the last 12 (7.3%) or 36 (6%) months of service.

Service Outside Republic

Were any services rendered outside the republic during the period of membership of the Fund?	Yes	No
Total number of months in which services were rendered while contributing to Fund.	<input style="width: 95%; height: 20px;" type="text"/>	
Total number of months in which services were rendered outside the Republic while contributing to the Fund.	<input style="width: 95%; height: 20px;" type="text"/>	

Period		Salary & AH & LSI amounts
From	To	
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

Unique number

SECTION H - APPLICATION TO CONTINUE WITH MEDICAL AID

Full name of

Surname

Identity/Passport number

Telephone number

Fax number

Cellphone number

E-mail address

Marital status

(Please attach copy of marriage certificate/divorce order)

Do you wish to continue with Medical Aid? Yes No

(If ticked "Yes" and doesn't qualify, HR Business Partner must close out with employee.)

If you ticked "No" above, are you dependant on your spouse's or relative's medical aid? Yes No

(If ticked "No" and going on ill-health retirement, HR Business Partner must close out with employee)

Managerial levels do not qualify for post-retirement medical aid if appointed externally with effect from 1 June 2003.

Once an employee has exited the medical aid, you will not be able to re-join as a subsidised member

Please indicate the scheme you currently belong to:

Bonitas
 Discovery
 Sizwe
 Medihelp
 Bestmed
 Other

Specify:

Medical aid option:

Medical aid number:

Number of active dependants currently registered on medical aid:

Name and surname of dependant	Dependant's date of birth	Relationship to main member

Do you wish to keep all dependants on the medical aid? Yes No

If you wish to remove any dependant, please supply full details of the dependant:

Name and surname	Date of birth	Relationship	Termination date

For verification purposes, please attach copy of medical aid membership certificate

Managerial levels (MPSE) only: Do you wish to continue with your supplementary Medical Expenses Top-up Insurance Policy (ESCAP) membership: Yes No

FOR OFFICE USE ONLY:

HR Business Partner, please confirm if the employee qualifies for Post-Retirement Medical Aid per Eskom COS. Yes No

Unique number

SECTION I - INSURANCE NOTIFICATION

Title	<input style="width: 100%;" type="text"/>		
Full names (Not initials)	<input style="width: 100%;" type="text"/>		
Surname	<input style="width: 100%;" type="text"/>		
Identity/Passport number	<input style="width: 100%;" type="text"/>		
Date of retirement	<input style="width: 100%;" type="text"/>		
Telephone number	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	Fax number
Cellphone number	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	E-mail address
	<input style="width: 100%;" type="text"/>		

Postal address

<input style="width: 100%;" type="text"/>
(Country)
<input style="width: 100%;" type="text"/>
(Postal code)
<input style="width: 100%;" type="text"/>
(International code)

Residential address

<input style="width: 100%;" type="text"/>
(Country)
<input style="width: 100%;" type="text"/>
(Postal code)
<input style="width: 100%;" type="text"/>
(International code)

	Not applicable	Please continue with existing policy	Please cancel from date of retirement	I would like to take out (join) this insurance
INDWE - Electrosure policy (Contents of house, car etc)	<input style="width: 50px; height: 30px;" type="checkbox"/>			
INDWE - Voluntary Group Accident Insurance (VGA) (Personal Accident Cover)	<input style="width: 50px; height: 30px;" type="checkbox"/>			
INDWE - Home owners (Fire, storm and tempest) insurance (Other than EFC Loan)	<input style="width: 50px; height: 30px;" type="checkbox"/>			
SanlamSky Voluntary Burial Scheme (Please complete nominations form if you elect to continue; Obtainable from Eskom HR)	<input style="width: 50px; height: 30px;" type="checkbox"/>			

Do you wish to continue with the Group Life Insurance Scheme (MPSE)?

If yes please obtain a quotation from employeebenefits@eskom.co.za The deduction will be made from your private banking account.

PLEASE NOTE: If you require a new policy or to change an existing policy, please contact your insurer for assistance
I hereby authorise the insurer to carry out the above instructions.

Member's signature

Date

Application for Retirement Benefits Form

Unique number **SECTION J - DECLARATION BY MEMBER (A-K)**

I, the undersigned, hereby certify that the information provided on this form is correct and true. I acknowledge that I have read and understood the instructions, notes and information provided and that I understand the options available to me.

I agree that payment in accordance with my instructions will present a full discharge of the Fund's liability to me.

I understand that once the EPPF has shared my information as above, it has no further control over this information and will not be accountable for its safeguarding.

I confirm that the documents which are required to accompany this application have been provided (refer to SECTION K)

Signed at _____ On this _____ day of _____ 20 _____

Member's signature_____
Member's full names (please print)**VERY IMPORTANT NOTE:****Evidence of Survival (EOS)**

You will receive a form from the EPPF that you must complete in the presence of a Commissioner of Oaths.

This process is conducted annually for international pensioners and every three years for pensioners living in South Africa

This form, once completed by you, will confirm that you are still alive. Should the original form not be received by the EPPF on a date specified by the EPPF, payment of benefits and also deductions will be suspended. The EPPF will then not accept liability for cancellation of policies etc.

POPIA NOTICE:

Please be advised that the Fund collects your personal information and special personal information in order to administer the benefits that may be payable in terms of the Rules of the Fund. You hereby consent to the collection of your personal information by the Fund. Your personal information shall be stored in a safe and secure manner and for as long as it is required by the EPPF for the purposes set out above. This may require the EPPF to keep your personal information even after you are no longer a member of the EPPF due to the nature of the benefits that the EPPF provides, the business of the EPPF and the legislative obligations placed on the EPPF. However, as a general principle, the EPPF does not retain your information for longer than it needs it. For a copy of the EPPF's Privacy Notice, please visit the EPPF's website. Please also be advised that you can withdraw your consent at any time, request a deletion of your personal information, and request a copy of your records, and request an amendment to your records by contacting the Fund directly or obtaining a POPIA/PAIA request form on the EPPF website. The Fund will consider such a request in line with the Fund's privacy policies and procedures.

Please be advised that your request to withdraw your consent or delete your personal information may be declined if the Fund's Policies and our ability to continue to provide services to you may be affected.

Your personal information may be shared with third parties (banks, South African Revenue Services- (SARS), medical aid providers, insurance related to funeral policies or any other party whom you instruct the Fund to share your information with) in order to provide administration services or to comply with the law. Your information may further be stored by these third parties as part of the services provided to the EPPF (including storing the information extra-territorially). In all instances, these third parties have an obligation to ensure the safety of your personal information and undertake not to process that information in contravention of the law.

Please initial page here

Unique number

SECTION K - DECLARATION BY HUMAN RESOURCES BUSINESS PARTNER AND EMPLOYEE

Checklist of documents which must accompany this application.

Regrettably this claim cannot be considered if any of the required documents are not attached.

Yes		Written authorisation from HR or BU to confirm approved retirement (Not applicable to deferred members).
Yes		HR confirmation of bank account details (SAP screen dump of account where salary was paid into. Not applicable to deferred members).
Yes		Bank accounts confirmation.
Yes		HR confirmation of insurance policies (SAP screenshot of mentioned policies on Page 5).
Yes		Original certified copy of member and spouse/s identity document/both sides of Smart card ID and Passport.
Yes	N/A	Original certified copies of marriage certificate/s or certificate/s of customary union.
Yes	N/A	Original certified copies of birth certificates, adoption papers of identity documents of children.
Yes	N/A	Original certified copies of divorce orders and settlement agreement.
Yes		Proof of medical aid membership certificate.
Yes	N/A	Passport photograph for pensioner card (main pensioner only).
Yes		Eskom compulsory death benefit nomination form.
Yes		Eskom voluntary death benefits nomination form.
Yes		Proof of tax reference number (compulsory).
Yes		Retirement Benefit Counselling Declaration form (compulsory).

In case of a bank account change (if the bank account is not the one where the member's last salary was deposited into)

Yes		Affidavit from member to inform the EPPF of reason for bank account change.
Yes		Original certified copy of application form to bank to open a new account - signed by Bank Manager.
Yes		Original certified copy of member's identity document/ Smart Card ID/ Passport.
Yes	N/A	Bank confirmation letter.
Yes	N/A	In case of a member deciding to receive their benefit in a bank account outside South Africa, complete and attach the International Banking form.

HR business Partner's name _____

E-mail address _____

Telephone number _____

Signature _____

Date _____

Please initial page here

Unique number

SECTION K - DECLARATION BY HUMAN RESOURCES

Checklist of documents which must accompany this application.
(Regrettably this claim cannot be considered if any of the required documents are not attached)

I the under signed Human Resources Administrator, hereby certify that I have

- Verified information supplied on this form
- Verified that all documents required are attached
- Explained all the available options to the member

The applicant is (delete whichever is not applicable)
and therefore has not signed the form.

Please ensure that you sign this form. Failure to do so will lead to delays in processing the claim.

Human Resources Administrator's name _____

E-mail address _____

Telephone number _____

Signature _____

Date _____

Checked by Shared Services HR Supervisor:

Name _____

E-mail address _____

Telephone number _____

Signature _____

Date _____

Provision for
SSHE Stamp

SECTION M - APPLICATION FOR PENSIONER CARD

DETAILS OF PENSIONER

Initials and surname _____

Pension/unique number _____

Identity number _____

Postal address _____

Postal code _____

STICK PASSPORT PHOTO BELOW

