



CHANGES ON MEMBER INFORMATION

The information below must be identical with that on your identity document

Municipality: _____

Name: _____

Surname: _____

Title: **Mr Mrs Miss Dr Prof** Date of Birth: _____

ID Number: _____

Residential Address: _____

_____ Code: _____

E-mail Address: _____

Cell Number: _____

Cell Number (Spouse/ next of Kin) _____

Postal Address: _____

_____ Code: _____

Preferred means of communication: **Email** **Postal** **SMS**

NB: SHOULD ANY OF THE ABOVE INFORMATION CHANGE PLEASE NOTIFY THE FUND