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NEW MEMBER INFORMATION

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

Personal Details

Surname: _____

Full names: _____

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

ID Number: _____

Marital Status _____ Gender **M / F** _____

Occupation _____ Tax Number _____

Municipality _____

Province _____

Address Details _____

Physical Address: _____

_____ **Code:**

Postal Address:

_____ **Code:**

E-mail Address:

Telephone:

Telephone:

KINDLY MAKE SURE YOU READ THE RULES OF THE FUND FOR BETTER UNDERSTANDING OF THE BENEFITS THE FUND OFFER.

LOCAL AUTHORITY

The LOCAL AUTHORITY of _____

herein represented by _____

being duly authorized to sign this document hereby confirms;

1) That the COUNCILLOR referred to on this document is a Councillor serving on the Council of the aforementioned LOCAL AUTHORITY as from:

That the LOCAL AUTHORITY agrees to pay contributions in respect of the COUNCILLOR in terms of the Rules of the Municipal Councillors Pensioners Fund.

Signed at _____ on this _____ day of _____

IN THE PRESENCE OF THE UNDERSIGNED WITNESSES

Member signature

On behalf of the Local Authority

Stamp of Local Authority