



## NEW MEMBER ADMISSIONS SUBSCRIPTION FORM

### Municipal Councillors Pension Fund

**Willows Office Park**  
**276 George Road**  
**Erand Gardens, Midrand**  
**P.O.Box 564**  
**Bruma 2026**  
**Tel: +27(0)86 111 2014**  
**Fax: +27(0)86 662 5579**  
**Email: [info@mcpf.com](mailto:info@mcpf.com)**  
**Website: [www.mcpf.co.za](http://www.mcpf.co.za)**

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

<b>A. PERSONAL DETAILS</b>			
Surname: _____			
Full names: _____			
	<b>Mr. Mrs. Miss Dr Prof</b>	Date of Birth: ____	
ID Number: _____			
Marital Status	_____	Gender	<b>M / F</b>
Position	_____	Tax Number	_____
Municipality _____			
Province _____			
<b>B. ADDRESS DETAILS</b>			
Physical Address: _____			
			<b>Code:</b>
Postal Address: _____			
			<b>Code:</b>
E-mail Address: _____			
Cell No. : _____			
Telephone: _____			
<b>C. EMPLOYMENT DETAILS</b>			
Name of Municipality: _____			
Date of Election/Appointment: _____		Employee Number : _____	
Annual Pensionable Salary : _____			

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

**D. MEMBER CERTIFICATION (TERMS AND CONDITIONS)**

\_\_\_\_\_

I \_\_\_\_\_ (member) agree that:

1. I have read and understood the Rules of the Fund; the Membership obligations and benefits of the Fund as stipulated in the Fund's Members Guide (also available on website [www.mcpf.co.za](http://www.mcpf.co.za); at the Fund offices and Municipality's HR Department).
2. I am aware of my obligation to adhere to the Rules of the Fund and honor contributions to the Fund as stipulated in the rules of the Fund, and subject to Pension Fund Act of 1956.
3. I am familiar with the benefits offered by the Fund as stipulated in the Fund's members Guide (also available on website [www.mcpf.co.za](http://www.mcpf.co.za); at the Fund offices and Municipality's HR Department).
4. I am aware of how to contact the Fund, in relation to a complaint or service issue.
5. I acknowledge that this application is subject to the rules of the Fund.

Signature (member) \_\_\_\_\_

Signed at _____	on this _____	day of _____
-----------------	---------------	--------------

**E. CERTIFICATION OF PARTICULARS (For Official use by the Municipality only)**

Being duly authorized, I certify and confirm that:-

1. The particulars on this form have been verified against the relevant documents and records are true and correct;
2. The Municipality agrees to pay all contributions due in respect of the Councillor in terms of the Rules of the Fund.

Full Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Tel No: \_\_\_\_\_ Email Address: \_\_\_\_\_

Municipal signature		Date:
_____		_____

Official Stamp of Local Authority