Contribution Rate (please tick)

28.75%		15%	

NEW MEMBER ADMISSIONS SUBSCRIPTION FORM

Municipal Councillors Pension Fund
20 Morris Street
703 Woodmead Office Park
(Office F8)
Woodmead
Tel: 011 220 0000
Email: info@mcpf.co.za;
Website: www.mcpf.co.za

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

A. PERSONAL DETAILS

Surname:

Full names:

Mr. Mrs. Miss Dr Prof Date of Birth:

ID Number:

Marital Status Gender **M / F**

Position Tax Number

Municipality

Province

B. ADDRESS DETAILS

Physical Address:

Code:

Postal Address:

Code:

E-mail Address:

Cell No. :

Telephone:

C. EMPLOYMENT DETAILS

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; *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; *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