

**Application for/Notice of membership
For the Sanlam Umbrella Fund**



**Return completed form to: Sanlam Umbrella Fund Administration: Fax: 086 613 5040, or
E-mail: sanlamumbrellafund@seb.sanlam.com**

A Particulars of fund/scheme

(Please print)

1.	Name of fund/scheme																			
2.	Name of participating Employer																			

B Particulars of Employee

(Please print)

1.	Employee Number																			
2.	Title:																			
3.	Surname:																			
4.	Initials:																			
5.	Full names:																			
6.	Date of Birth:	Y		Y		M		M		D		D								
7.	Identity Number:																			
8.	Income Tax Number																			
9.	Gender:	Male						Female												
10.	Marital Status:	Unmarried				Married				Divorced				Widower/Widow						
11.	Language:	Afrikaans						English												
12.	Residential Address	Postal Address																		
13.	Occupation																			
14.	Pensionable annual salary																			
15.	Risk annual salary (if different from 13)																			
16.	Fund Category																			
17.	Tel number (Home):																			
18.	Cell phone number:																			
19.	E-mail address																			

C Special Information

(Important: Please ensure that the dates given below concur with the stipulations of the Rules. All dates must be given).

1.	Employee's date of entry into service:	Y	Y	M	M	D	D
2.	Date of permanent appointment:	Y	Y	M	M	D	D
3.	Date on which membership must commence:	Y	Y	M	M	D	D

Declaration on behalf of the fund/scheme

I/We declare on behalf of the fund/scheme that the above-mentioned employee qualifies for membership in terms of the Rules and that the particulars given above are true and correct.

Signed at _____ on _____

Capacity

On behalf of the fund / scheme