7 Disa Road, Extension 8, Kempton Park, 1620
pension@akafin.co.za
Tel No.: (011) 578-5333
Fax No.: (011) 578 – 5300

BOKAMOSO

APPLICATION FORM – NEW MEMBERS

A. EMPLOYEE

I, the undersigned,

FULL NAMES AND SURNAME: _____

IDENTITY NUMBER: | | | | | | | | | | | | | |

GENDER: _____
(Certified copy of identity document attached hereto).

RESIDENTIAL ADDRESS: POSTAL ADDRESS:

_____ _____

_____ _____

_____ _____

CONTACT TELEPHONE NUMBER: | | | | | | | | | | | | | |

INCOME TAX REFERENCE NUMBER: _____

NAME OF EMPLOYER: _____

DATE OF EMPLOYMENT: _____

I hereby apply to be a member of Bokamoso Retirement Fund with effect from _____

SIGNED AT _____ ON THIS _____ DAY OF _____

_____
EMPLOYEE'S SIGNATURE

_____
WITNESS

STAMP OF EMPLOYER

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BOKAMOSO

B. ***EMPLOYER***

The EMPLOYER of _____

herein represented by _____
(FULL NAMES)

being duly authorised to sign this document, hereby confirms:

1. That the EMPLOYER agrees to pay the following contributions in respect of the EMPLOYEE in terms of the Rules of the BOKAMOSO RETIREMENT FUND.

Contribution: Member: 5% – 7,5% ☐

Employer: 5% – 22% ☐

SIGNED AT _____ ON THIS _____ DAY OF _____

_____
ON BEHALF OF THE EMPLOYER

STAMP OF EMPLOYER