

BUSA Retirement Fund

NAME OF EMPLOYER
Member Information

Surname			
First Names			
Company Number			
Male or Female			
Identity Number			
Date Of Birth			
Revenue Office			
Tax Number			
Marital Status			
Number of Dependants			
Member Residential Address			
	Postal Code		
Member Email Address			
Member Contact Telephone Number			

Fund Information

Date of Employment				
Date of Entry on To the Fund				
First Contribution in Respect Of	Month		Year	
Monthly Fund Salary at Date of Entry				
Amount of Initial Contribution	Category	Member	Employer	Tick option
	Category 1	5%	7%	
	Category 2	8%	7%	
	Category 3	10%	7%	

Please note: The recommended Member contribution is 10%.

If you cannot afford this, please choose a lower option.

MEMBER'S DECLARATION: This serves to confirm that the above details are true and correct.

MEMBER'S SIGNATURE-----DATE -----

EMPLOYER'S DECLARATION

This serves to confirm that the above details are true and correct.

 AUTHORISED SIGNATORY

 DATE

 NAME IN FULL

 DESIGNATION

Email this form to Fund Administrator: Brilliant Chiloane

Email Address: fundadmin@tennant.co.za

Telephone number: +2711 100 8170