

86 Koranna Avenue Doringkloof Centurion 0157 | PO Box 14145 Lyttelton 0140 | Application Enquiries: 0860 873 628 | Fax: 086 605 0656

Application to De-register a Dependant

Section 1: Details of Princ	ipa	al I	Vle	mk	oei	r																									
Member number																															
Title					lr	nitia	ls					F	irst ı	nan	ne																
Surname																															
ID number	Υ	Υ	M	M	D	D																									
Telephone number																															
Section 2: Details of Dependant to be De-registered																															
First name																															
Surname																															
ID number of Dependant	Υ	Υ	M	M	D	D																									
Effective date of de-registration	D	D] –	M	M] –	2	0	Υ	Υ																					
Reason for termination																															
												Signature of Principal Member																			
Section 3: Employer Cons	ser	nt a	and	S k	up	pp	ort																								
As the Employer of the above Principal Member, we support this application to de-register the Dependant under Section 2 and undertake to deduct and pay over to the Scheme the altered member's portion and employer's portion of contributions,				S	SIGNATURE AND STAMP OF EMPLOYER															DESIGNATION											
where applicable																			Da	ate			D	_	M	M] -	2	0	Y	Υ