

EMPLOYER APPLICATION FORM



1 EMPLOYER DETAILS	
Employer's Name	
Type of Business	
Address	
Contact Person	
Contact Numbers & Email	

FUND DETAILS	
Employer Contribution Rate	
Employee Contribution Rate	
Normal Retirement Age & any age limitations	
Definition of Fund Salary	
Eligibility Conditions	
Member Categories	

INSURED BENEFITS		
Risk Type	Cover / Multiple of Salary	

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Any other relevant information to the fund

It is hereby declared that, to the best of our knowledge, the particulars given are true and complete.

Signature	
Name	
Position Held	
Date	DD-MM-YYYY
Direct Telephone Line (for enquiries)	
Cellphone Number	
Fax Number	
Email Address	

COMPANY STAMP
