



Agricultural Sector Provident Fund (Application Form for Additional Members - Existing Clients)

Confidential

BTP name (Business

BTP number

Surname	Initials	First name	Date of birth	Cell number	Male/ Female	ID Number	Physical or Postal Address	Income Tax Number	Email Address	Plan choice	Monthly contribution	*Paid-up Member (Yes/No)

Authorised signature of employer _____

*Paid-up member certification (from previous employer)

If the member was previously a member of another retirement Fund where they are currently a paid-up member, please forward any paid-up membership certificates issued by the previous Fund(s) to Sanlam for record keeping. Should the member wish to transfer this paid-up benefit, Sanlam will on request of the member contact the administrator of the previous Fund to arrange for the transfer of the member's retirement savings to the Fund, which will be free of charge.