

Agricultural Sector Provident Fund Application Form

Confidential

Non-individual Client static information

All relevant sections must be completed in full. Please indicate all options selected by means of a tick (✓). Kindly initial next to any amendments made on the application form.

Entity details

Trading name			
Registration/Practice/Trust deed number			
Type of business			
Full Name and Surname of Owner			
Responsible Person for Contributions to the Fund			

Entity address details

Registered business			
Suburb		Town/City	
Country		Postal Code	
Residential/Physical	<input type="checkbox"/> Same as registered business address (tick if the same as registered).		
Suburb		Town/City	
Country		Postal Code	
Address from where Entity operates	<input type="checkbox"/> Same as registered business address (tick if the same as registered).		
Suburb		Town/City	
Country		Postal Code	
Entity Postal			
Suburb		Town/City	
Country		Postal Code	

Entity contact details

Contact			
Primary contact		Additional contact	
Mobile		Fax	
Primary e-mail			

Entity banking details

Name of account holder Branch code
Name of bank Account number

Type of account (Please provide copy of bank verified/stamped statement)

Current account Savings account Transmission account

Intermediary details (if applicable)

Surname Initials
Insurance and Financial Advisers Primary contact
Primary e-mail FAIS registration

Confirmation of membership (complete Annexure A)

Date of commencement of Total number of
I, (Entity) Wish to join the Fund.

I hereby confirm that all employees for whom membership has been applied are to the best of my knowledge, in good health and that none of the employees for whom membership has been applied suffer from any physical disability or terminal illness. All employees for whom membership has been applied are actively in service on the date of electronic acknowledgement of this application. I am aware that costs in respect of death, disability and funeral cover and administration are where applicable, deducted from the monthly contributions. I herewith formally apply to be registered as a participating employer of the Fund.

Declaration

Full name(s) of employer

I, the mandated representative, herewith authorise Agricultural Sector Provident Fund to debit the monthly contribution against my account according to the debit order system operated in co-operation with my bank and to debit my account accordingly with such amounts, as if every transaction has been undersigned by me. This authorisation is valid for all amounts due in terms of this application form. I undertake to inform the Fund of any change in my bank particulars as set out above. If the bank claims any amount against the Fund, for whichever reason, in terms of this application form, I undertake to reimburse the Fund, including the interest as stated in Section 13 A of the Pension Funds Act.

Signed at _____ on _____

I herewith authorise the Fund to debit the monthly contribution against my account according to the debit order system operated in co-operation with my bank and to debit my account accordingly with the agreed amount in terms of the application form, as if every transaction has been undersigned by myself.

I agree that I have read and understand the aforementioned information supplied by me is correct and true to my knowledge.

Employee Information

Annexure A

Do you currently contribute to a Fund? YES NO

Surname and initials	First name	Date of birth	Male/ Female	ID number	Cell number	Income Tax Number	Physical or Postal Address	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.