

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.

Protection of Personal Information Act (POPIA) notice

The information in this document constitutes personal information in terms of POPIA and includes financial information. The Fund must collect, use and keep this personal information to enable it to process your membership, contributions and benefits in the Fund. The Fund may share your personal information contained herein with other relevant service providers of the Fund, but only to the extent necessary to fulfil its obligations in terms of the Pension Funds Act. The information will be kept confidential and processed in accordance with POPIA and will be held for a period as set out in the Fund's Retention of Records Guide.

