



**Natal Joint Municipal Pension
KwaZulu-Natal Joint Municipal
Provident Funds**

"Your Fund, Your Savings, Your Future"



ALL COMMUNICATIONS TO BE ADDRESSED TO THE CEO/PRINCIPAL OFFICER

PO Box 33, Westwood, 3633

(Tel: 08610 NJMPF(65673) / Fax: 031 266 6715

@ Website: www.njmpf.co.za

5 Derby Place, University Road, Westville, 3630

****Member Details Form/Ifomu Leminingwane Yelunga****

IMPORTANT!! Please complete this form in full and return it to the Pension Fund via:
E-Mail: info@njmpf.co.za OR Fax Number: 031-2666715.

Sicela niqiniseke ukuthi iminingwane kwi benefit statement iqondile, makungenjalo, sicela ningcwalise lelifom nliyise ka HR noma nilithumele kaNJMPF (nge meyili: info@njmpf.co.za noma nge fekisi 031 266 6715).

**** Please attach a certified copy of your identity document with this form ****

****Uyacelwa ukuthi ufake ikhophi yepasi kuleli fomu****

Name and Surname <i>Igama Nesibongo</i>	_____	Name of Municipality <i>Igama laMasipala</i>	_____
Identity Number <i>Inombolo Kamazisi</i>	_____	SARS Income Tax Number <i>Inombolo Yentela</i>	_____
Postal Address <i>Ikheli Lakho Leposi</i>	_____ _____ _____	Residential Address <i>Ikheli Lakho Lasekhaya</i>	_____ _____ _____

Work Telephone Number <i>Inombolo Yocingo Yasemsebenzini</i>	_____	Email Address <i>Ikheli le-meyili</i>	_____
Home Telephone Number <i>Inombolo Yocingo Yasekhaya</i>	_____	Cell Phone Number <i>Inombolo kamakhalekhukhwini /Yeselula</i>	_____

Name and contact details of next of kin 1 <i>Igama Nekheli Lesihlobo Osondelene Naso</i>	_____ _____ _____	Name and contact details of next of kin 2 <i>Igama Nekheli Lesihlobo Osondelene Naso</i>	_____ _____ _____
---	-------------------------	---	-------------------------

Signature of Member <i>Sayina</i>	_____	Signature of Witness <i>Kusayina ufakazi</i>	_____
Date <i>Usuku</i>	_____	Date <i>Usuku</i>	_____