



## **SAVINGS COMPONENT CLAIM FORM**

### **SECTION A: PERSONAL DETAILS**

Title:		Identity Number:	
Surname:		First Name/s:	
Fund Type:		Income Tax Number (10 Digits Mandatory)	
Cell Phone Number (Mandatory):		Alternative Contact Number (Mandatory):	
Personal Email Address (Mandatory)		Alternative Email Address	

*\*Please attach a certified copy of your Identity Document.*

### **SECTION B: BANKING DETAILS**

Bank Name:		Account Number:	
Account Holder:		Branch Code:	

*\*Please attach a copy of your bank statement that is not older than three months and stamped by the bank.*

### **SECTION C: MEMBER INSTRUCTION**

Amount requested:		<b>R</b>
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*\***ALL** withdrawal amounts will be subjected to tax and administration fees.*

### **SECTION D: SIGNATURE – COMPULSORY**

*By proceeding with this claim and signing this document, I understand the impact of early withdrawal on my retirement benefit.*

Member Signature:		Witness Signature:	
Date:		Date:	