



**APPLICATION FOR REGISTRATION AS A MEMBER**

Fund No: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Council No: \_\_\_\_\_

Mr / Ms / Miss \_\_\_\_\_ Company Code: \_\_\_\_\_

Surname: \_\_\_\_\_ First names: \_\_\_\_\_

Identity number: \_\_\_\_\_ Name of Employer : \_\_\_\_\_

Copy of ID to be attached

Employer's Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

\_\_\_\_\_ Code: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Member's Address: \_\_\_\_\_

\_\_\_\_\_ Code \_\_\_\_\_ Telephone No: \_\_\_\_\_

Were you employed in the Motor Industry previously: YES / NO (If yes, state name and address of employer):

Accordingly I hereby elect and apply to be registered as a member of the:

**AUTO WORKERS PROVIDENT FUND /MIMISA PROVIDENT FUND**

I agree to abide by the provisions of the Fund's Rules in force from time to time.

Date: \_\_\_\_\_ Member's signature: \_\_\_\_\_

I nominate as my beneficiary in the event of my death:

First names: (Mr/Ms): \_\_\_\_\_ Surname: \_\_\_\_\_

Relationship (state wife, husband, father, mother, son, daughter as the case may be): \_\_\_\_\_

Identity no of beneficiary: \_\_\_\_\_

Address of beneficiary: \_\_\_\_\_

Postal Code \_\_\_\_\_

Date: \_\_\_\_\_ Member's signature: \_\_\_\_\_

When completed this form must be forwarded to:

**MIBCO SHARED SERVICES CENTRE -REGISTRATION DEPARTMENT**

Annexure to the:

**P O BOX 2578**

Auto Workers' Provident Fund Agreement

**RANDBURG 2125**

**Telephone No: 011 369.7500 Fax: 011 369.7600**

Date Received: \_\_\_\_\_

Date Registered: \_\_\_\_\_

Inception Date: \_

Registration No: