



Absa Small Business 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.

1 Entity details

Trading name

Registration/Practice/Trust deed number

Type of business

2 Entity address details

Registered business address

Suburb Town/City

Country Postal code

Residential/Physical address Same as registered business address (tick if the same as registered address)

Suburb Town/City

Country Postal code

Address from which entity operates Same as registered business address (tick if the same as registered address)

Suburb Town/City

Country Postal code

Entity postal address

Suburb Town/City

Country Postal code

3 Entity contact details

Contact person

Primary contact number Additional contact number

Mobile Fax number

Primary email address

4 Entity banking details

Bank Branch

Branch code

Account number

Type of account

Name of accountholder

5 Intermediary details (if applicable)

Initials Surname

Insurance and Financial Advisers code Primary contact number

Primary email address FAIS registration number

6 Confirmation of membership (complete Annexure A)

Date of commencement of membership Total number of employees

Total monthly contribution

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.

7 Declaration

Full name(s) of signatory

I, the mandated representative, herewith authorise Absa Small Business 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.

8 How did you hear about us?

Internal Absa Campaign

Internet Search

Absa Retail Business Bank

Existing client

Other (please specify)

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 the best of my knowledge.

