



MEMBERSHIP NUMBER

Grid for membership number input

MEMBERSHIP AMENDMENT FORM

TRANSNET EMPLOYEES: THE COMPLETED FORM MUST BE HANDED TO YOUR HUMAN RESOURCES DEPARTMENT.

OTHER MEMBERS: PLEASE COMPLETE AND SEND TO TRANSMED, PO BOX 32931, BRAAMFONTEIN 2017.

PLEASE COMPLETE THE FORM IN BLOCK LETTERS

1. MEMBERSHIP DETAILS (All members must complete this section.)

Surname input grid

First names input grid

Employee number input grid

Department/business unit (working members only) input grid

2. TRANSFERS AND SALARY AMENDMENTS

Business unit transferred from input grid

Business unit transferred to input grid

Monthly income and Date (DDMMYYYY) input grids

3. TEMPORARY SUSPENSION OF MEMBERSHIP

Membership to be suspended (e.g. member going overseas for longer than six months)

From and To (DDMMYYYY) input grids

Reason input grid

4. TERMINATION OF DEPENDANTS' MEMBERSHIP

Termination of dependants' membership

Title, Initials, Surname input grids

Relationship input grid

Reason for termination input grid

Title, Initials, Surname input grids

Relationship input grid

Reason for termination input grid

PLEASE NOTE: In the case of divorce, legal documentation is required.

5. MARRIAGE

Member's new surname input grid

6. RESIGNATION OF MEMBERSHIP

Resignation date (DDMMYYYY) input grid

Reason for termination input grid

Postal address and Code input grids

MEMBERSHIP NUMBER

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7. RETIREMENT

Retirement date

D	D	M	M	Y	Y	Y	Y
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 (proof of subsidy, monthly pension and income directly prior to retirement required)

Postal address

 Code

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Name of bank

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Branch name

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 Branch code

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Account number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account type Current/Cheque Savings Transmission

8. DEATH OF PRINCIPAL MEMBER

Date of death

D	D	M	M	Y	Y	Y	Y
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 (death certificate/copy of widow/er's identity document/proof of widow/er's pensioner benefit required)

Widow/er's postal address

 Code

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Widow/er's bank details:

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Branch name

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 Branch code

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Account number

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Account type Current/Cheque Savings Transmission

9. CONTACT DETAILS

Email address

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Telephone (W)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 (H)

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Fax number

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 Cell number

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Postal address

 Code

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10. MEMBERSHIP CARDS

Number of cards required

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For assistance, please contact the customer service department
Guardian plan members (SATS pensioners): 0800 110 268 (toll free) Working Members and Pensioners: 0800 450 010 (toll free)
One calendar month's notice, starting on the first day of the month, is required for any resignation or amendment that affect member contributions.

Transnet employees: This form must be stamped and signed by your human resources official.

NAME OF MEMBER _____ SIGNATURE OF MEMBER _____

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 DATE

SIGNATURE OF HUMAN RESOURCES OFFICER _____

D	D	M	M	Y	Y	Y	Y
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 DATE

OFFICIAL EMPLOYER STAMP

THIS SECTION MUST BE COMPLETED BY AN AUTHORISED OFFICIAL AFTER THOROUGH SCRUTINY. I certify the foregoing details to be a true statement. IMPORTANT: REGISTRATION WILL BE DELAYED SHOULD THIS APPLICATION BE INCOMPLETE OR IF THE REQUIRED DOCUMENTS ARE NOT ATTACHED.