

[illegible]

membership@transmed.co.za

[illegible]

Retirement date	D	D	M	M	Y	Y	Y	Y	(proof of subsidy, monthly pension and income directly prior to retirement required)
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8. DEATH OF PRINCIPAL MEMBER

9. CONTACT DETAILS

10. MEMBERSHIP CARDS

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.

SIGNATURE OF MEMBER

DATE _____

MEMBERSHIP NUMBER

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WORKING MEMBERS: THIS SECTION MUST BE STAMPED AND SIGNED BY AN AUTHORISED HUMAN RESOURCES OFFICIAL AFTER THOROUGH SCRUTINY.

I CERTIFY THE FOREGOING DETAILS TO BE A TRUE STATEMENT.

SIGNATURE OF
HUMAN RESOURCES OFFICER

OFFICIAL EMPLOYER STAMP

D	D	M	M	Y	Y	Y	Y
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DATE

IMPORTANT: REGISTRATION WILL BE DELAYED SHOULD THIS APPLICATION BE INCOMPLETE OR IF THE REQUIRED DOCUMENTS ARE NOT ATTACHED.