



Application to Register an Additional Adult Dependant

SECTION 1: Details of principal member

Membership number

Initials and surname

Address

Code

SECTION 2: Details of dependant (Use one application form per adult dependant.)

Initials and surname

Date of birth Requested benefit date

Relationship of dependant to principal member (i.e. parent, brother, sister)

Sex: Male Female Marital status: Married Single

If married, please state date of wedding

Where does the dependant reside? (Place 'x' in appropriate box.)

With the principal member

Own accommodation

If other, please specify: _____

Since when has the dependant resided at the above location?

SECTION 3: Financial details of dependant

3.1 Income of dependant

Is the dependant currently employed? (Place 'x' in appropriate box.)

3.1.1 Yes, on a full-time basis

Please provide details of the position: _____

3.1.2 Yes, on a part-time basis

Please provide details of the position: _____

3.1.3 No

3.2 Please provide the information requested below regarding the *total income* received by your dependant.

Type of income	Amount received per month
3.2.1 Monthly salary or wage	R <input type="text"/>
Additional details: _____	
3.2.2 Monthly pension	R <input type="text"/>
Additional details: _____	
3.2.3 Monthly grant or disability pension or any other financial assistance received to support dependant (please also provide details of such assistance)	R <input type="text"/>
Additional details: _____	
3.2.4 Monthly income from annuities	R <input type="text"/>
Additional details: _____	
3.2.5 Monthly dividend income	R <input type="text"/>
Additional details: _____	
3.2.6 Monthly interest income	R <input type="text"/>
Additional details: _____	
3.2.7 Monthly rental income	R <input type="text"/>
Additional details: _____	
3.2.8 Any other income, regular or otherwise, received by or for dependant	R <input type="text"/>
Additional details: _____	

3.3 Please complete the tables below regarding your dependant's assets and liabilities:

Assets	Market value	Additional details
3.3.1 Property	R	
3.3.2 Vehicles	R	
3.3.3 Business interests	R	
3.3.4 Household effects	R	
3.3.5 Listed shares	R	
3.3.6 Unlisted shares	R	
3.3.7 Bonds or debentures	R	
3.3.8 Savings accounts	R	
3.3.9 Fixed deposits	R	
3.3.10 Participation bonds	R	
3.3.11 Loans to others	R	
3.3.12 Endowment policies	R	
3.3.13 Unit trusts	R	
3.3.14 Any other assets not included above (please provide details)	R	
TOTAL ASSETS	R	

Liabilities	Market value	Additional details
3.3.15 Mortgage bond	R	
3.3.16 Loan for vehicles	R	
3.3.17 Hire purchase agreements	R	
3.3.18 Loans on policies	R	
3.3.19 Overdrafts	R	
3.3.20 Credit cards	R	
3.3.21 Accounts	R	
3.3.22 Loans from others	R	
3.3.23 Any other liabilities not included above (please provide details)	R	
TOTAL LIABILITIES	R	

NET ASSETS (TOTAL ASSETS less TOTAL LIABILITIES)

R

3.4 If the dependant is married, please provide the following information:

Spouse's occupation: _____

I declare that I understand that the supply of **false** information to the Scheme:

- will lead to the immediate suspension of benefits to the above dependant
- makes me personally and immediately liable to reimburse the Scheme for the costs of all benefits supplied to the above dependant
- is a criminal offence.

I further declare that I am fully aware of the contribution that will be deducted from my salary/income should this application be successful and that I agree to the deduction of such contribution on a monthly basis.

Date

D	D	M	M	Y	Y	Y	Y
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Signature

Thus signed and sworn to before me at _____ this

D	D
---	---

 day of

M	M	Y	Y	Y	Y
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the regulations contained in Government Notice No. R1258 of _____ 21 July 1972 having been fully complied with.

COMMISSIONER OF OATHS

Full names	
Designation	
Area/office	
Address	

Code

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