



## NEW MEMBER APPLICATION FORM

Please complete and provide to your HR/payroll representative for onward submission to Gallet.  
Alternatively, please email your documentation to [EBAdmin@srf.sygnia.co.za](mailto:EBAdmin@srf.sygnia.co.za).

Fund Name	
Employer Name	

Personal details												
Title					Initials							
Name (s)					Known as							
Surname												
Gender				Date of Birth	Y	Y	Y	Y	M	M	D	D
ID/ Passport number				Marital status								
RSA Citizen	YES	NO	If no, state country of citizenship									
Occupation				Division								
Salary				Tax number								

Contact information										
Physical address								Code		
Postal address								Code		
Tel number (home)				Tel number (work)						
Fax number (work)				Cell Number						
Email Address										

Banking Details									
Financial Institution									
Branch									
Branch Code									
Account Number									

Employer Signature	Date
Employee Signature	Date

### GALLET RETIREMENT FUND ADMINISTRATORS (PTY) LTD

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