DURBAN MUNICIPAL THRIFT FUND

16 Magwaza Maphalala (Gale) Street
Durban
4001

P O Box 680
Durban
4000

APPLICATION FOR MEMBERSHIP

I hereby apply for membership of the Durban Municipal Thrift Fund and agree that the annual contribution to the Death benefit Fund be deducted each year from my Thrift Fund Account in accordance with rule 5. A rule book will be supplied on request.

SURNAME _____

FIRST NAMES: _____

SERVICE NO: | | | | | | | |

LOCATION CODE: _____

WORK CONTACT NO: _____

E-MAIL ADDRESS TO WHICH ALL FUND MATTERS MAY BE SENT:

_____

IDENTITY NO: _____ **DEPARTMENT:**_____

INCOME TAX NO: _____ **DEPARTMENT NO:** _____

RESIDENTIAL ADDRESS: _____

DATE: _____ **SIGNATURE:** _____

CONTACT DETAILS OF NEAREST RELATIVE: _____