



WIDOWS AND ORPHANS FUND

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APPLICATION FORM

RETIRED MEMBERS

Persal no

Surname and Initials

Rank: Date of Retirement

How service is terminated Years of service

ID number

Postal address

.....

...../Postal code.....

Tel(h) (.....) Sel/Cell Email

Contribution (R130.00 yearly)

Bank Information:

ABSA:

Account no: 030 000 080

Branch code: 632005

Ref: Your initials, surname and persalno

(Proof of payment must be faxed or emailed to this office)

Signed at: Datum / Date

Signature of contributor