WIDOWS AND ORPHANS FUND

Tel: (012) 348 1557 Fax: 086 452 5415 Email: mike@wofund.org.za

APPLICATION FORM

RETIRED MEMBERS

I, the undersigned

Surname, Initials																				Persal no								

Rank																					ID no											

Postal address																																
																											Postal code						
Tel(h)											Cell																					
Email																																

How service was terminated																																
Years of service				Date of termination						y	y	y	y	m	m	d	d															

Contribution(R130 annually)	R						

Bank Information: **ABSA:** **Account no: 030 000 080 (Cheque)**
Branch code: 632005
Ref: Your initials, surname and persal.no
(Proof of payment must be faxed or emailed to this office)

Signed at: ..... Date .....

Signature of contributor .....