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(R200 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 .....