WIDOWS AND ORPHANS FUND

Tel: (012) 348 1557 Fax: 086 452 5413 Email: reception@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 .....