



WIDOWS AND ORPHANS FUND

Tel: (012) 348 1557

Fax: 086 452 5415

Email: reception@wofund.org.za

APPLICATION FORM

RETIRED MEMBERS

I, the undersigned

Surname, Initials																						Persal no											
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Rank																						ID no											
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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(R300 annually)	R							
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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