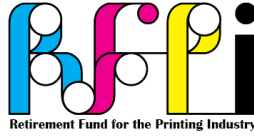


SATU NATIONAL PROVIDENT FUND

Principal Officer
C/o The Administrator
PO Box 12722
The Tramshed
Pretoria
0126



3rd Floor
SATU House
166 Visagie Street
Tel: (012) 338-2000
Fax: (012) 323-4159 / 012 942 3244
transfin@transfin.co.za

JOINING THE FUND

SATU Number											Region																	
Member Surname																Initials												
Member Names																												
ID Number											OR	Passport Number											Country of Issue					
Date of Birth	C	C	Y	Y	M	M	D	D	Income Tax Reference No.																			
Current Employer																												
Clock Number																Firm Number	F	S	R									
Email Address																												
Home Telephone											Work Telephone											Fax Number						
Cell Number																												

Physical Address: Unit No																									
Physical Address: Complex Name																									
Physical Address: Street No																									
Physical Address: Street Name																									
Physical Address: Suburb/District																									
Physical Address: City/Town																									
Physical Address: Postal Code																									

Postal Address 1																									
Postal Address 2																									
Postal Address 3																									
Postal Address 4																									
Postal Code																									

Marital Status MARRIED SINGLE DIVORCED WIDOWED

Ethnic Group WHITE BLACK COLOURED INDIAN OTHER

Gender MALE FEMALE

Date of first contribution C C Y Y M M D D

Annual Remuneration R . (Attach proof)

For DEFERRED MEMBERS only: Are you still employed by the same firm? Yes No (If no, attach proof of certificate of service)

IMPORTANT NOTES

Proof of the following documents **MUST** be attached to this document: ID document **or** Passport Marriage Certificate

To the best of your knowledge, do you suffer from any pre-existing condition? A pre-existing condition is defined as any ailment, illness, or condition where the signs or symptoms of that illness, ailment or condition that exists at the time of joining the Fund could result in a possible death or disability claim against the Fund? If YES, complete Annexure A	Y	N
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SIGNATURE: MEMBER

SIGNATURE: REGIONAL SECRETARY

DATE:

DATE:

Member full names

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Member Number

Important questions that must be answered by the member and information which must be conveyed to the member:

QUESTIONS:

1. When did the pre-existing condition first occur?

2. What is the pre-existing condition?

3. Could you please give us permission to contact the medical practitioner/s for more information if necessary?

4. Who is the doctor who first diagnosed the pre-existing condition? Please provide his contact details.

Name: _____ Tel: _____

5. Please provide the contact details of the doctor who is currently treating you for the pre-existing condition.

IMPORTANT INFORMATION:

1. The member will be covered for all events other than the pre-existing condition for one year from date of application. (Except if the Fund's medical advisor determines otherwise.)
2. Please note that failure to disclose any pre-existing condition could disqualify you from the risk benefits.

ACTIONS BY THE ADMINISTRATOR UPON RECEIPT OF APPLICATION:

1. The Administrator will contact the medical advisor to give his opinion as to what effect the pre-existing condition that was disclosed would affect the risk to the Fund for a one year period after joining.

SIGNATURE: SATU OFFICIAL/CLERK

SIGNATURE: MEMBER

DATE:

DATE: