

DURBAN MUNICIPAL THRIFT FUND

16 Magwaza Maphalala (Gale) Street
Durban
4001

P O Box 680
Durban
4000

APPLICATION FOR MEMBERSHIP

I hereby apply for membership of the Durban Municipal Thrift Fund and agree that the annual subscription be deducted each year from my Thrift Fund Account in accordance with rule 5. A rule book will be supplied on request.

SURNAME: _____

FIRST NAMES: _____

SERVICE NO:

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 DEPT. _____

LOCATION CODE: _____

WORK CONTACT NO: _____

E-MAIL ADDRESS: _____

IDENTITY NO: _____ DEPT. NO _____

INCOME TAX NO: _____

RESIDENTIAL ADDRESS: _____

DATE: _____ SIGNATURE: _____

CONTACT DETAILS OF RELATIVE: _____