



GROUP LIFE ASSURANCE/PENSION FUND

STATEMENT OF NEW ENTRANTS

Please complete in BLOCK LETTERS using black or blue ink.

FUND NAME:

FUND CODE:

Employee Reference Number	Date of Birth			Name of Employee (Surname and first names)	Date of Joining Fund			Gender	Annual Salary	Multiple	Life Assurance Cover	Remarks
	DD	M	YYY		DD	MM	YYYY					

I certify that the information provided on this form is true and correct. I confirm that the employee(s) has/have fulfilled the eligibility conditions as set out in the rules and that the employee(s) was/were in active employment on the first working day of joining the Pension Fund.

NAME

SIGNATURE

DESIGNATION

DATE

OFFICIAL STAMP