

MEMBER APPLICATION FORM



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	Permanent Fixed Term Contractor																											
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DDEVIOUS EMPLOYED DETAILS
PREVIOUS EMPLOYER DETAILS
Previous service with participating employer Yes No
Employer name
Previous Company No.
Previous service period: (dd/mm/yyyy) (dd/mm/yyyy)
From Date / / / to Date / / / / / / / / / / / / / / / / / / /
TRANSFER-INS
Debswana Pension Fund provides you with an option to preserve your retirement savings from the previous employer. You are encouraged to speak to a Fund representative if you would like to transfer your benefit to Debswana Pension Fund.
TO THE TRUSTEES OF THE DEBSWANA PENSION FUND
I hereby apply for admission to the above Fund. I acknowledge that the Rules of the Fund have been explained to me and I understand them. I declare that the above information is, to the best of my knowledge, true and correct and agree that the Rules, including any amendments that may be adopted, shall be binding upon myself, dependants, heirs, legal representatives or executors.
Surname
First name
Omang No.
Date/
DECLARATION BY EMPLOYER
I hereby declare that all particulars furnished on this form are true and correct.
Surname Surname
First name First name
Designation
Omang No.
Employer Tel No.
Date /
Official Company Stamp Signed on behalf of Employer