

REQUEST FOR VOLUNTARY CONTRIBUTION



Omang No.														
		ME	EMBER DETAILS											
Company N	No.													
Title Mr	Mrs	Miss	Ms Dr Capt Prof Adv											
Surname														
First Name														
Date Of Birth /		/	(dd/mm/yyyy)											
Contact No.														
Cell No.														
Email														
Postal Add	ress													
			 											
			 											
Residential	I Address													
Headman														
Chief														
Village Ward														
YOU ARE STR			O OBTAIN TAX ADVICE BEFORE CONTRIBUTING THE DEBSWANA PENSION FUND											
I hereby instruct that the ar			be deducted from my salary every month											
-														
Effective date (Date of first	aeduction		and every month thereafter											
			dd/mm/yyyy)											
AFTER COMPL	ETION TH	HE COPY OF TH	HE FORM SHOULD BE HANDED TO YOUR HR OFFICER											
AFTER COMPLETION THE COPY OF THE FORM SHOULD BE HANDED TO YOUR HR OFFICER														



AGREEMENT

- I authorise the deduction as specified above.
- I accept that I will only be entitled to the benefit (as per the Rules of the Fund) that is derived from the voluntary contributions contributed to the Debswana Pension Fund, in the event of membership termination. (Withdrawal, Retirement, III Health, Retrenchment or Death)
- I accept that the HR Officer will endeavor to act on my instruction within seven (7) working days of receiving my instruction.
- I assume responsibility for my deduction instructions.
- The Employer shall not be obliged to contribute to the Fund in respect of voluntarily contributions that are deducted from my salary.

hereby declare th hat I completely u			ction o		EC	LAF	RAT	ION	1 B	Y N	IEN	IRF	D									
			ction o				DECLARATION BY MEMBER															
		ind th																		me	and	
Surname																						
First name																						
Omang No.																						
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											Date(dd/mm/yyyy)											
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