



**APPLICATION FOR
REGISTRATION AS A MEMBER**

Fund No.: _____ / _____ / _____ Council No.: _____
Title (Mr/Mrs/Miss): _____ Company Code: _____
First Names: _____
Surname: _____
Identity No.: _____
Name of Employer: _____
Employers Physical Address : _____

Code: _____
Occupation: _____
Telephone No.: _____
Email Address: _____
Members Physical Address : _____

Code: _____

Were you employed in the motor industry previously? Yes No
If yes, state the name and address of the employer: _____

Accordingly I hereby elect and apply to be registered as a member of the
MOTOR INDUSTRY RETIREMENT FUNDS (MIRF)
I agree to abide by the provisions of the fund rules which may change from time to time.

Date Member's Signature

I nominate as my beneficiary in the event of my death:

Title (Mr/Mrs/Miss): _____ First names: _____

Surname: _____

Relationship (state wife, husband, father, mother, son, daughter as the case may be): _____

Identity number of beneficiary : _____

Physical address of beneficiary : _____

_____ Code: _____

Date

Member's Signature

Once completed this form must be forwarded to the relevant Centre:

For AWProv and MIProv fund members: MIBCO SHARED SERVICES CENTRE - REGISTRATION DEPARTMENT Annexure to the: Motor Industries Retirement Fund Agreement. P O BOX 2578, RANDBURG 2125. Tel: 011 369 7500 Fax: 011 369 7600

For MIPen and Copartes fund members: MIRF MOTOR INDUSTRY RETIREMENT FUNDS. Private bag X10095, Randburg 2125 Tel: (011) 561-9300 Fax: (011) 787-3046/787-2849

Date Received: _____ Date Registered: _____

Inception Date: _____ Registration No.: _____

DECLARATION AND SIGNATURE:

I understand that the Fund will process my benefit, in terms of my payment instruction recorded above and according to the rules of the fund, upon receipt of the required documentation and necessary tax clearance from the South African revenue Service. I confirm that all Information is true and correct.

PRIVACY STATEMENT

I agree that Motor Industry Retirement Funds (MIRF) and Motor Industry Fund Administrators (MIFA) may process all information that I provide on this form. MIRF/MIFA may use my personal information to provide and administer retirement fund investments and share my personal information as per my instruction in this form or with other contracted service providers, who are legally bound to protect the information. I understand that the information will be processed in accordance with the Protection of Personal Information Act, No.4 of 2013 and MIRF and MIFA's strict policies and procedure manuals on protecting the confidentiality of my personal information.

CLAIMANT SIGNATURE

DATE