



TYPE OF TRANSACTION:

- A. Leave without Pay B. Non-Contributory uninterrupted Service
 C. Previous pensionable Service D. Other Periods

A) PERSONAL PARTICULARS

1. Pension No.	<input type="text"/>	2. Salary No.	<input type="text"/>	3. Title	<input type="text"/>
4. Surname	<input type="text"/>				
5. First name	<input type="text"/>				
6. Middle names	<input type="text"/>				
7. ID No.	<input type="text"/>	8. Date of birth	<input type="text"/>	9. Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
10. Passport No.	<input type="text"/>	11. Income tax No.	<input type="text"/>		
12. Employer name	<input type="text"/>				
13. Employer code	<input type="text"/>	14. Date of present appointment	<input type="text"/>		

B) PERSON'S CONTACT DETAILS 1. Preferred contact Postal Fax Email

2. Postal address	<input type="text"/>				
3. Residential address	<input type="text"/>				<input type="text"/>
4. Tel No.	<input type="text"/>	5. Cell No.	<input type="text"/>		
6. Email address	<input type="text"/>				
7. Fax No.	<input type="text"/>	<input type="text"/>			

C) PERIOD OF PENSIONABLE SERVICE TO BE PURCHASED

1. LEAVE WITHOUT PAY (N.B. - A claim iro the cost will be sent to the employer and must be paid in one amount)

From	<input type="text"/>	Annual Pensionable Salary on date of resuming service	<input type="text"/>
To	<input type="text"/>	Annual Pensionable Salary as on date of application	<input type="text"/>

2. NON-CONTRIBUTORY UNINTERRUPTED SERVICE (AIPF & TEPF Members only) Annual Salary on date of appointment

From	<input type="text"/>	To	<input type="text"/>	Annual Salary on date of appointment	<input type="text"/>
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3. PREVIOUS PERIODS OF PENSIONABLE SERVICE

Employer name	<input type="text"/>				
Pension No.	<input type="text"/>	From	<input type="text"/>	To	<input type="text"/>
Benefit received from fund	<input type="text"/>	Date of receipt of benefit	<input type="text"/>		

4. OTHER PERIODS TO BE RECKONED AS PENSIONABLE SERVICE Annual Salary on date of application

From	<input type="text"/>	To	<input type="text"/>	Annual Salary on date of application	<input type="text"/>
From	<input type="text"/>	To	<input type="text"/>	Annual Salary on date of application	<input type="text"/>

D) CERTIFICATION PARTICULARS I certify that the particulars on this form have been verified against the relevant documents and records are true and correct.

Applicant Signature	<input type="text"/>	Employer Signature	<input type="text"/>	OFFICIAL DATE STAMP
Date signed	<input type="text"/>	Date signed	<input type="text"/>	
Designation	<input type="text"/>			
Surname	<input type="text"/>	Initi	<input type="text"/>	
Email address	<input type="text"/>			
Tel No.	<input type="text"/>	The GEPF respects privacy and personal information of its members and pensioners and therefore subscribes to the provisions of the Protection of Personal Information Act 4 of 2013. Visit www.gepf.co.za to view GEPF Privacy Policy and Privacy statement.		
Fax No.	<input type="text"/>			