

Please submit this application to your HR for approval before sending to the Scheme.

H. EMPLOYER – NAME AND POSTAL ADDRESS OF DEPARTMENT RESPONSIBLE FOR PAYMENT OF CONTRIBUTIONS

Please complete and upload this form on the SAMWUMED Online Member registration Form

Name of employer	<input type="text"/>	
Province	<input type="text"/>	Department <input type="text"/>
Applicant's occupation	<input type="text"/>	Depot/Office <input type="text"/>
Name of employer	<input type="text"/>	
Employment date	<input type="text" value="D D M M Y Y Y Y"/>	Staff number <input type="text"/>
Postal address	<input type="text"/>	
	<input type="text"/>	Postal code <input type="text"/>
Telephone (work)	<input type="text"/>	Fax (work) <input type="text"/>
Monthly Gross income	R <input type="text"/> , <input type="text"/> . <input type="text"/>	
Name of official	<input type="text"/>	Position <input type="text"/>
E-mail address	<input type="text"/>	

Signature _____

Date

EMPLOYER'S OFFICIAL STAMP

Member number