



## Agri and Affiliated Sectors Provident Fund

Website: [www.aspf.co.za](http://www.aspf.co.za)  
Principal Officer & Information Officer: Mr Lourie Bosman  
Email address: [agrisectorfund@verso.co.za](mailto:agrisectorfund@verso.co.za)

# NEW MEMBER APPLICATION FORM

## NAME OF FUND: AGRI AND AFFILIATED SECTORS PROVIDENT FUND

NAME OF EMPLOYER: \_\_\_\_\_

### MEMBER DETAILS

SURNAME \_\_\_\_\_ FIRST NAMES \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ IDENTITY NUMBER \_\_\_\_\_

GENDER: MALE  FEMALE  MARITAL STATUS \_\_\_\_\_

RESIDENTIAL ADDRESS \_\_\_\_\_

POSTAL ADDRESS \_\_\_\_\_

*(Both of the above addresses are required by the SA Revenue Services - SARS)*

TEL NO. (\_\_\_\_\_) \_\_\_\_\_ CELL PHONE NO. \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

PREFERRED LANGUAGE FOR CORRESPONDENCE:  ENGLISH  AFRIKAANS

INCOME TAX REFERENCE NO. \_\_\_\_\_

### SPOUSE'S DETAILS (if applicable)

SURNAME \_\_\_\_\_ FIRST NAMES \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ IDENTITY NUMBER \_\_\_\_\_

DATE OF MARRIAGE \_\_\_\_\_ COMMUNITY OF PROPERTY?  YES  NO

**EMPLOYMENT DETAILS**

EMPLOYEE NO. \_\_\_\_\_ EMPLOYER \_\_\_\_\_  
 DATE OF JOINING SERVICE \_\_\_\_\_ DATE OF JOINING FUND \_\_\_\_\_  
 ANNUAL PENSIONABLE SALARY \_\_\_\_\_

**PLANS**

Members earning less than **R10 000 per month** may choose any of the following plans and will pay contributions accordingly to the fund. **The employer is to indicate on the member take-on schedule which plan the member will belong too.**

PLAN	A1	A2	B	C2	D	E
CONTRIBUTION	R 170.00	R 170.00	R 192.00	R 216.00	R 258.00	R 432.00

Members earning **R10 000 and more per month** may choose any of the following plans and will pay contributions accordingly to the fund. **The employer is to indicate on the member take-on schedule which plan the member will belong too.**

PLAN	SAL 1	SAL 2	SAL 3	SAL 4
CONTRIBUTION	R 573.00	R 859.00	R 1 147.00	R 2 867.00

**CONTRIBUTION PLAN SELECTED BY MEMBER**

PLAN A1       PLAN A2       PLAN B       PLAN C2  
 PLAN D       PLAN E  
 SAL1       SAL2       SAL3       SAL4

**PAID-UP BENEFIT**

The Fund has a legal obligation to obtain confirmation of any retirement savings (so called paid-up benefits) that you may have in other registered pension or provident funds.

**DO YOU HAVE ANY RETIREMENT SAVINGS IN ANOTHER PENSION OR PROVIDENT FUND?**

YES  NO

If Yes, please complete the details below, as far as possible:

	TRANSFER 1	TRANSFER 2	TRANSFER 3
NAME OF PREVIOUS FUND(S)			
MEMBER NUMBER(S)			
PREVIOUS EMPLOYER NAME(S)			
CONTACT NUMBER(S)			

You are furthermore permitted to transfer all or some of your retirement savings held in other retirement funds to this Fund. Please indicate below whether you wish to transfer any retirement savings from previous funds and the Fund's administrator will contact you to assist you.

**DO YOU WISH TO TRANSFER ANY RETIREMENT SAVINGS FROM ANOTHER PENSION OR PROVIDENT FUND AS LISTED ABOVE?**

YES  NO

This Fund is reliant on the receipt of transfer documentation and proof of payment. It therefore remains the responsibility of the member to ensure that the previous fund/s is/are timeously informed of the decision to transfer any benefit(s).

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## DECLARATION

I hereby confirm that the above details are correct and that I will make no claim against the Fund in the event of any loss, damage or claim from the use of this information, or in the event that incorrect information has been supplied by me.

The information disclosed within this document will be treated as confidential and will only be used for the purpose for which it is intended in terms of applicable legislation. Verso Financial Services is committed to protecting and promoting the privacy of personal information of all data subjects as required by the Act; to give effect to the constitutional right to privacy; and to fulfill its obligations under the Act. As the privacy of our clients is important to us, we will use reasonable efforts to ensure that any personal information, (including special personal information), provided to us is processed in a secure manner. Verso Financial Services takes its responsibility seriously in respect of securing the integrity and confidentiality of all personal information in its possession or under its control and has taken appropriate and reasonable technical and organisational measures to prevent – loss of, damage to or unauthorised destruction of personal information; and unlawful collection, access to or processing of personal information. Please go to [www.verso.co.za](http://www.verso.co.za) to view our privacy policy statement.

SIGNATURE OF EMPLOYEE \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE OF EMPLOYER \_\_\_\_\_

DATE \_\_\_\_\_

EMPLOYER STAMP

## SUPPORTING DOCUMENTS REQUIRED

- Proof of employee's identity
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## NOTES

- The information disclosed within this document will be treated as confidential and will only be used for the purpose for which it is intended in terms of applicable legislation.
- Where there is risk cover, the employee must be in active service on the date of joining the Fund.