



PO.Box 2649 Windhoek Tel: +264 61 205 1339 Fax: +264 61 205 1400 email: info@rfin.com.na

APPLICATION FOR MEMBERSHIP BY A RETIREMENT FUND

We, the under-mentioned, hereby apply for membership of the Retirement Funds Institute of Namibia ("RFIN") in accordance with the RFIN Constitution.

NAME OF FUND: _____

STREET ADDRESS: _____

POSTAL ADDRESS: _____

TELEPHONE NUMBER: _____ **FAX NUMBER:** _____

DATE OF REGISTRATION UNDER PENSION FUNDS ACT: _____

FUND REGISTRATION NUMBER: _____

ACTIVE MEMBER TOTAL: _____

DEFERRED PENSIONER TOTAL: _____

PENSIONER TOTAL: _____

In the event of this application being approved, we nominate the under mentioned natural person as our Registered Representative to act on our behalf in all dealings with RFIN.

NAME: _____ **DESIGNATION:** _____

DETAILS (only complete if different to those given above)

STREET ADDRESS: _____

TELEPHONE NUMBER: _____ **FAX NUMBER:** _____

E-MAIL ADDRESS: _____

We undertake to inform the Institute in writing if our Registered Representative or Registered Alternate Representative changes or if their contact details change.

NAME OF PRINCIPAL OFFICER _____

STREET ADDRESS: _____

TELEPHONE NUMBER: _____ **FAX NUMBER:** _____

E-MAIL ADDRESS: _____

NAME OF TRUSTEE/S _____

STREET ADDRESS: _____

TELEPHONE NUMBER: _____ **FAX NUMBER:** _____

E-MAIL ADDRESS: _____

NAME OF TRUSTEE/S _____

STREET ADDRESS: _____

TELEPHONE NUMBER: _____ **FAX NUMBER:** _____

E-MAIL ADDRESS: _____

NAME OF TRUSTEE/S _____

STREET ADDRESS: _____

TELEPHONE NUMBER: _____ **FAX NUMBER:** _____

E-MAIL ADDRESS: _____

We undertake to furnish the Institute with any other information that it may require for purposes of this application or in connection with our continued membership.

We undertake to pay the applicable subscription upon receipt of our Invoice

We would like to receive a copy of the Constitution of the Institute with our membership certificate:
YES/NO

Thus done and signed on behalf of (Applicant Fund) _____

on _____ in the presence of the undersigned witness.

AUTHORISED SIGNATORY

WITNESS

DESIGNATION