



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

APPLICATION FOR MEMBERSHIP BY A SERVICE PROVIDER

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: _____

TELEFAX 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: _____

DETAILS (only complete if different to those given above)

STREET ADDRESS: _____

TELEPHONE NUMBER: _____

TELEFAX NUMBER: _____