



OUR RETIREMENT
RESPONSIBILITY

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www.rfin.com.na

APPLICATION FOR MEMBERSHIP

SECTION A

(To be completed by all applicants)

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

NAME: _____

STREET ADDRESS: _____

POSTAL ADDRESS: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS _____

NATURE OF BUSINESS _____

ACTIVE MEMBER TOTAL _____

DEFERRED PENSIONER TOTAL _____

PENSIONER TOTAL _____

Directors: Mr. K. Laborn (Chairperson) ;Ms. Y. Mtolo-Phiri (Chairperson); Ms. S. Jacobs ;Ms. S Pokolo; Mr. S.Namandje

SECTION B

(To be completed only by applicants who are not natural person)

DATE OF REGISTRATION UNDER COMPANIES ACT _____

REGISTRATION NUMBER _____

NB: If the application is a partnership, please furnish the name, address, telephone number, telefax number and e-mail address of each partner on separate.

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: _____

POSTAL ADDRESS: _____

TELEPHONE NUMBER: _____

MOBILE NUMBER: _____

FAX NUMBER: _____

E-MAIL ADDRESS: _____

We also nominate the under mentioned natural person as our Registered Alternate Representative to act on our behalf in all dealings with RFIN, whenever our Registered Representative is unable to do so.

NAME _____

DETAILS (Only complete if different to those given in Section A above)

STREET ADDRESS: _____

POSTAL ADDRESS: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

E-MAIL ADDRESS: _____

SECTION C
(To be completed by all applicants)

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

I/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 a membership certificate.

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)

At _____ on _____ in the presence of the
undersigned witness.

AUTHORISED SIGNATORY

WITNESS

DESIGNATION