

**AUTOWORKERS PENSION FUND
AUTOWORKERS PROVIDENT FUND
MOTOR INDUSTRY PROVIDENT FUND
UNCLAIMED BENEFIT / SURPLUS APPLICATION FORM**

BRS REF/ FUND REF: _____

Member's surname: _____

Full names: _____

Identity Number: _____ Date of birth: _____

Old Passbook (Dompas) number _____

Other Identification numbers _____

Contact Tel. Number _____

Members Physical address: _____

_____ Postal code: _____

Members Postal address _____

_____ Postal code: _____

Last salary/Wage _____

Tax number _____

Bank details: BANK _____ BRANCH CODE _____

ACCOUNT TYPE _____ ACCOUNT NUMBER _____

Please attach the following documentation:

-Certified Identity document copy

-Original bank statement, stamped by the bank

I, the undersigned, hereby certify that the given information is correct in all aspects.

MEMBERS SIGNATURE: _____ **Date:** _____

Please post ORIGINAL DOCUMENTATION back to:

**SURPLUS CLAIMS DEPARTMENT
PRIVATE BAX X10095
RANDBURG
2125**

NB: NO FAXED OR E-MAILED DOCUMENTATION WILL BE ACCEPTED