

**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**