



**1 | FUND DETAILS**

Name of Fund

**2 | MEMBER DETAILS**

Title	Initials	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

First Name/s	Date of Birth								
<input type="text"/>	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		

I.D. Number	Contact Number
<input type="text"/>	<input type="text"/>

Physical Address	Revenue / Tax Office
<input type="text"/>	<input type="text"/>
<input type="text"/>	Income Tax Reference Number
<input type="text"/>	<input type="text"/>
<input type="text"/>	Postal Code <input type="text"/>

Name of Bank	Account Number
<input type="text"/>	<input type="text"/>

Please attach a **certified copy of your ID** (if the new **ID card, both sides are required**) and a copy of your **bank statement stamped by your bank** and return to us:

**EMAIL ADDRESS:** fundadmin@tennant.co.za  
**TELEPHONE NUMBER:** 011 100 8100  
**POSTAL ADDRESS:** PO Box 64, Buccleuch, 2066

**3 | MEMBER DECLARATION**

**I agree that:**

- All particulars furnished on this form and accompanying documentation are true and correct
- This termination of service form is completed in its entirety
- The benefit payment options available to me and the tax implications thereof have been explained to me in full
- This payment is in full and final discharge of the Fund's liability

<input type="text"/>	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
Member's Signature	Date								