

ANNEXURE A

The purpose of this form is for the employer to inform the fund and its administrator that an amount is owed by the member to the employer as a result of damage by the employee. This form must accompany the withdrawal claim form, the voluntary retirement claim form or the reorganisation and compulsory early retirement form when a prior claim applies. This form must also be attached to the acknowledgment of liability and agreement to pay form.

EMPLOYEE DETAILS

Title Dr Mr Mrs Ms Prof Fund membership number

Surname First names

Date of birth Identity number

Marital status Date of marriage

Residential address

Postal code

Postal address

Postal code

Home telephone number Work telephone number

Cell phone number Fax number

Email address

Date from when interest will be calculated

CLAIM DETAILS

Amount of claim R (approximate amount of employer damage)

Interest rate % per annum (applicable to amount of claim)

EMPLOYER DETAILS

Name of employer

Address

Postal code

Telephone number

CAUSE OF DEBT

Theft Dishonesty Fraud Misconduct

(Please tick whichever is applicable)

Motivate background

Full name of authorised official of the employer

Work telephone number Fax number

Email address

Signature of authorised official of the employer

Date

Witness signature

EMPLOYER STAMP