

Contact detailsTel: 0800 001 615 • PO Box 652509, Benmore 2010 • www.engenmed.co.za

Becoming an employer contact

This form should be completed when an employer contact needs to be loaded for the Fund.

How to complete this form

1. Please use one letter per block, complete with black ink and print clearly.
2. Please email this completed and signed form with any supporting documents to membership@engenmed.co.za

When you sign this form, you confirm that the information provided is true and correct.

1. Employer details

Employer name																
Employer number												Branch name				
Branch number																
Postal address (this is the postal address of your employer)																
<input type="checkbox"/> P O Box	<input type="checkbox"/> Private Bag	Box number														
<input type="checkbox"/> Suite	<input type="checkbox"/> PostNet Suite	Number														
City												Postal code				

If the Employer's post is delivered to a street address, please complete these details under physical address.

Physical address (this is the physical address of your employer)

Suite/Unit number						Complex name										
Street number						Street name										
City												Postal code				

2. Employer contact details

Is this a new employer contact? Yes No

Is this a replacement employer contact? Yes No

If yes to replacement of employer contact, complete the below so the employer contact that is being replaced can be removed.

3. Current employer contact details

Title					Initials																		
Surname																							
First name(s) (as per identity document)																							
ID or passport number															Date of birth	D	D	M	M	Y	Y	Y	Y

4. Please complete this section for a new employer contact

Title	<input type="text"/>	Initials	<input type="text"/>
Surname	<input type="text"/>		
First name(s) (as per identity document)	<input type="text"/>		
Gender	M <input type="checkbox"/>	F <input type="checkbox"/>	Date of birth <input type="text"/>
ID or passport number	<input type="text"/>		
Job title	<input type="text"/>		
Telephone	<input type="text"/>	Cellphone	<input type="text"/>
Email	<input type="text"/>		
Signature of employer applicant	<input type="text"/>		
Print name	<input type="text"/>		
Date	<input type="text"/>		
Signature of direct report or manager	<input type="text"/>		
Print name	<input type="text"/>		
Date	<input type="text"/>		