

Becoming an employer contact

This form should be completed when an employer contact needs to be loaded for Engen Medical Benefit 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	<input type="text"/>	Employer number	<input type="text"/>
Branch name	<input type="text"/>	Branch number	<input type="text"/>

Postal Address (this is the postal address of your employer)

<input type="checkbox"/> Suite	<input type="checkbox"/> Postnet suite	<input type="checkbox"/> Number	<input type="text"/>
<input type="checkbox"/> PO Box	<input type="checkbox"/> Private Bag	<input type="checkbox"/> Box number	<input type="text"/>
Suburb	<input type="text"/>	Postal code	<input type="text"/>

If your post is delivered to your street address, please complete these details under physical address.

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

Suite/Unit number	<input type="text"/>	Complex name	<input type="text"/>
Street number	<input type="text"/>	Street name	<input type="text"/>
Suburb	<input type="text"/>	Postal code	<input type="text"/>

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.

Title	<input type="text"/>	Initials	<input type="text"/>	Surname	<input type="text"/>
First name(s) (as per identity document)	<input type="text"/>				
Preferred name	<input type="text"/>	Date of birth	<input type="text"/>		
ID or passport number	<input type="text"/>	Country of issue	<input type="text"/>		

3. 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"/>																			
Preferred name	<input type="text"/>	Sex	M <input type="checkbox"/>	F <input type="checkbox"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
ID or passport number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Country of issue	<input type="text"/>						
Job title	<input type="text"/>																			
Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Cellphone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>																			
Signature of employer applicant	<input type="text"/>													Print name	<input type="text"/>					
Date	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of direct report or manager	<input type="text"/>													Print name	<input type="text"/>					
Date	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>