PROTEKTOR application form

	OLD	MUTUAL
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Old Mutual Life Assurance Company (Malawi) Limited Reg No. 5051

## **PROTEKTOR**

**Application form** 

Please complete in BLOCK LETTERS using black or blue ink

Statements in this application form must be complete and accurate. All questions must be fully answered, unless otherwise specified.  $\[ \]$ 

	RS or by marking a box the character box to e			or blue ink only. Please write
FOR OFFICE USE ON This application form ness and accuracy	ILY n has been checked for	complete-	Old Mutual Service de Fax number Telephone number Address	+265 (0)1 820 677 +265 (0) 1822 649 Old Mutual Building
Name of Initiator Of request				30 Glyn Jones Road, Blantyre, Malawi. P.O Box 393, Blantyre, Malawi
Telephone number			Servicing hours	08:00 to 16:30 Monday to Friday
Email address of initiat Of request	tor			
CONTRACTING PAR	RTY DETAILS			
Title: Mr.	Mrs	Miss	lame	Initials
Surname				
Previous surnames (If applicable)				
ID number				
Passport number/ Driving licence				
Country of issue of passport				
Date of Birth		Y Age i	next birthday Ge	ender: Male Female
Income tax number		Are	you a Malawian Resident?	Yes No No
Residential address/ Physical address.				
Postal address				
Telephone (W) Code Fax Code	No No		(H) Code	No IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
Email address  Marital status:	Single	Married	Divorced	Widowed
riaritai status.	Siligie ——	marrieu ——	Divoiceu ——	widowed ——

This informati	Y NOMINATION on is needed to assist the trustees in paying the benefits due in the event of your death
First Name	
Surname	
Relationship	
Sex	
Date of birth	D D M M Y Y Y Y
Benefits Share	%
First Name	
Surname	
Relationship	
Sex	
Date of birth	
Benefits Share	%
First Name	
Surname	
Relationship	
Sex	
Date of birth	
Benefits Share	%
First Name	
Surname	
Relationship	
Relationship Sex	

Registered name of transferring fund	
Registered flame of transferring fund	
If transferring fund is administered by Old Mutual	I nlease state:
Member's reference number	Scheme Coder
Date of entry into transferring ful	Past service commencement date under transferring fund
If any past service was served outside Malawi, pl	lease state periods and territory of such service
	Country
D M M Y Y Y Y enchmen D M M Y	Y Y Y Y ble to the member by the transferring fund MK
Amount to be transferred to PROTECKTOR Pensio	on fund MK
On transfer to PROTEKTOR the following amount(	(s), if any were paid in cash to the member MK
Transfer to retirement annuity fund	МК
No part of the amount transferred may be subject fer into PROTEKTOR.	ct to any order of court in respect of the applicants divorce (if any) prior to the tr
If the full amount transferred to PROTEKTOR is p	permitted to be paid as a withdrawal benefit from PROTEKTOR prior to age 50, p
state: (a) the portion of the amount transferred to be it	retained in PROTEKTOR until age 50
(b) Any other conditions	
Any dispute arising from information contained in	Section 3 must be resolved between the applicant and the transferring fund
Signature Date	Capacity
Name	Telephone number
Email	
Email	
Full Address	
Full Address	. such change(s) must be countersigned by the fund signatory
Full Address	, such change(s) must be countersigned by the fund signatory
Full Address  If any changes made to the information in part 3,	
Full Address  If any changes made to the information in part 3,	
Full Address  If any changes made to the information in part 3,  EMPLOYER APPLICATION FOR PARTICIPA  I, the undersigned, duly authorized	
Full Address  If any changes made to the information in part 3,  EMPLOYER APPLICATION FOR PARTICIPATION, the undersigned, duly authorized	TION  (name of employer), hereby apply to participate in
Full Address  If any changes made to the information in part 3,  EMPLOYER APPLICATION FOR PARTICIPATION FOR PARTICIPATIO	TION  (name of employer), hereby apply to participate in
Full Address  If any changes made to the information in part 3,  EMPLOYER APPLICATION FOR PARTICIPA  I, the undersigned, duly authorized by the PROTEKTOR Pension fund  Date: Signature:	TION  (name of employer), hereby apply to participate in  Capacity:
Full Address  If any changes made to the information in part 3,  EMPLOYER APPLICATION FOR PARTICIPA  I, the undersigned, duly authorized by the PROTEKTOR Pension fund  Date: Signature:  Telephoname:  Email:	TION  (name of employer), hereby apply to participate in  Capacity:
Full Address  If any changes made to the information in part 3,  EMPLOYER APPLICATION FOR PARTICIPA  I, the undersigned, duly authorized by the PROTEKTOR Pension fund  Date: Signature:  Telephoname:  Email:	TION  (name of employer), hereby apply to participate in  Capacity:
Full Address  If any changes made to the information in part 3,  EMPLOYER APPLICATION FOR PARTICIPATION, the undersigned, duly authorized by the PROTEKTOR Pension fund  Date:  Signature:  Telephone  Name:  Email:  Company:	TION  (name of employer), hereby apply to participate in  Capacity:
Full Address  If any changes made to the information in part 3,  EMPLOYER APPLICATION FOR PARTICIPATION, the undersigned, duly authorized by the PROTEKTOR Pension fund  Date:  Signature:  Telepho	TION  (name of employer), hereby apply to participate in  Capacity:
Full Address  If any changes made to the information in part 3,  EMPLOYER APPLICATION FOR PARTICIPATION, the undersigned, duly authorized by the PROTEKTOR Pension fund  Date:  Signature:  Telepho  Name:  Email:  Company:	TION  (name of employer), hereby apply to participate in  Capacity:

Field Staff/EB Manager		Intermediary Code	
Broker consultant		Intermediary Code	
Intermediary signature		Date  D D M M Y	
Contact telephone number	er	Email	
Broker-Non with holding t	tax	Address	
Broker-With holding tax		Address	
With holding tax exemption	on number		
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ECLARATION BY APPL	ICANT		
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Controlled Disclosure