			Prid	e. Unit	y. Trust	
	UNITED NA	OP OF	ISPORT U		JOIN NOW	
[PLEASE COMPLETE ALL FIELDS IN CLEAR PRINT]						
			DATE			
PERSONAL INFORMATION PERSONAL INFORMATION						
	INITIA	_S:	S			
FIRST NAMES:	ID	ENTITY NUMBER:				
EMPLOYEE/SAP NO:		T-SHIRT RECEIVED	YES NO SIZE	(S-5XL)		
TEL:(H)	(WOF	εκ)	(FAX	()		
(CELL)	JOB TITLE					
POSTAL ADDRESS						
POSTAL CODE		MAIL				
I, the undersigned, hereby membership period. I und by UNTU and its third-part	erstand that my pe ty partners.					
SIGNATURE						
	BY AUTHORIZE THE PER THE ABOVE FOR	RELEVANT COMPANY A MULA FROM MY SALAR	AS INDICATED AY AND PAY TH	BELOW TO MONT IS AMOUNT TO U (Pleas	THLY DEDUCT THE	
NAME OF COMPANY(e.g Tra	ansnet, Tolcon)		PERM		ITRACT WORKER	
DIVISION(e.g TFR,TE):	PROVINCE WORK PLACE/ DEPOT				от	
	NOMINEE FOR DEATH BENEFIT I, UNDERSIGNED, HEREBY NOMINATE AND APPOINT:					
	RELATIONSHIP					
2)	RELATIONSHIP ID no					
To be my nominee/s. This attachable at the instance					kecutable nor	
ENROLLED BY:						
INITIALS				EMPLOYEE NO		
BANK		NKING DETAILS				
BANK BRANCH BRANCH CODE						
ACCOUNT NO ACCOUNT TYPE SIGNATURE						
	0	FFICE USE	ΟΝΙΥ			
RECEIVED	PROCESSED	COMMISSIO	N PEN	ALTY	SIGNATURE	
THIS STOP ORDER CANCELS THE MEMBERSHIP OF ANY OTHER UNION • I fully understand and accept that this STOP ORDER can only be cancelled by giving one month's written notice to the General Secretary of UNTU.						
SUBMIT COMPLETED FORM TO: The General Secretary, P.O. Box 31100, Braamfontein, <u>2017;</u> E-mail: <u>members@untu.co.za</u>						