



# STOP ORDER

UNITED NATIONAL TRANSPORT UNION

**JOIN NOW**

[PLEASE COMPLETE ALL FIELDS IN CLEAR PRINT]

DATE          
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## PERSONAL INFORMATION

TITLE: \_\_\_\_\_ INITIALS: \_\_\_\_\_ SURNAME \_\_\_\_\_

FIRST NAMES: \_\_\_\_\_ IDENTITY NUMBER:

EMPLOYEE/SAP NO: \_\_\_\_\_ T-SHIRT RECEIVED YES NO SIZE(S-5XL) \_\_\_\_\_

TEL:(H) \_\_\_\_\_ (WORK) \_\_\_\_\_ (FAX) \_\_\_\_\_

(CELL) \_\_\_\_\_ JOB TITLE \_\_\_\_\_

POSTAL ADDRESS \_\_\_\_\_

POSTAL CODE \_\_\_\_\_ E-MAIL \_\_\_\_\_

I, the undersigned, hereby consent to UNTU to collect, process, record and use my personal information during my membership period. I understand that my personal information may be used for marketing and promotional purposes by UNTU and its third-party partners.

SIGNATURE \_\_\_\_\_

FORMULA FOR CALCULATING SUBSCRIPTION: 1% OF BASIC MONTHLY SALARY (Minimum of R53.00 and maximum of R88.00).

I, THE UNDERSIGNED, HEREBY AUTHORIZE THE RELEVANT COMPANY AS INDICATED BELOW TO MONTHLY DEDUCT THE AMOUNT AS CALCULATED PER THE ABOVE FORMULA FROM MY SALARY AND PAY THIS AMOUNT TO UNTU.

SIGNATURE \_\_\_\_\_ (Please mark with X)  
 NAME OF COMPANY (e.g Transnet, Tolcon) \_\_\_\_\_ PERMANENT  CONTRACT WORKER

DIVISION (e.g TFR, TE): \_\_\_\_\_ PROVINCE \_\_\_\_\_ WORK PLACE/ DEPOT \_\_\_\_\_

NOMINEE FOR DEATH BENEFIT  
 I, UNDERSIGNED, HEREBY NOMINATE AND APPOINT:  
 1) \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ ID no \_\_\_\_\_  
 2) \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ ID no \_\_\_\_\_

To be my nominee/s. This death grant shall form no part of my legal estate and shall be neither executable nor attachable at the instance of any creditor of mine, but shall be paid direct to my nominee.

### ENROLLED BY:

INITIALS \_\_\_\_\_ SURNAME \_\_\_\_\_ EMPLOYEE NO \_\_\_\_\_

### BANKING DETAILS

BANK \_\_\_\_\_ BRANCH \_\_\_\_\_ BRANCH CODE \_\_\_\_\_

ACCOUNT NO \_\_\_\_\_ ACCOUNT TYPE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

### OFFICE USE ONLY

RECEIVED	PROCESSED	COMMISSION	PENALTY	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, 2017.  
 E-mail: [members@untu.co.za](mailto:members@untu.co.za)

**RESIGNATION LETTER FROM THE UNION**

I .....SAP/Employee no. ....

Hereby resign from the union ..... as per its constitution and S13 of  
the LRA. I further would like to inform the Company to cease any deduction of the aforesaid  
union after one (1) month notice.

Signature ..... Contact No .....

Date : ..... ID No. ....

Employer : .....

Address : .....

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