



UNTU

UNITED NATIONAL TRANSPORT UNION

STOP ORDER

[PLEASE COMPLETE ALL FIELDS IN CLEAR PRINT]

TITLE: _____ INITIALS: _____ SURNAME: _____

FIRST NAMES: _____ I.D. NUMBER: _____

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

TEL: (H) _____ (W) _____ (FAX) _____

(CELL) _____ (E-MAIL) _____

POSTAL ADDRESS _____ POSTAL CODE: _____

CENTRE/ DEPOT: _____ JOB TITLE: _____

(Please mark with X) IF YOU WISH TO RECEIVE THE UNTU LABOUR REPORT EITHER BY: POST _____ OR E-MAIL _____

• **FORMULA FOR CALCULATING SUBSCRIPTION: 1% OF BASIC MONTHLY SALARY (Minimum of R48.00 and maximum of R83.00)**

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

(Please mark with X) CONTRACT WORKER: YES _____ NO _____ WHERE ARE YOU EMPLOYED?

PRASA - Metrorail	Transnet National Ports Authority (TNPA)	Transnet Pipelines (TPL)	RSR
PRASA - MLPS	Transnet Group Capital (TGC)	Transnet Properties	SAMSA
PRASA - CRES	Transnet Engineering (TE)	Transnet Corporate	ATNS
PRASA - Technical	Transnet Freight Rail (TFR)	Bombardier	OTHER
Transnet Port Terminals (TPT)	Transnet Freight Rail (TFR) - RME	Bombela	

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

NOMINEE FOR DEATH BENEFIT

I, the undersigned, hereby nominate and appoint:

(1) _____ Relationship: _____ I.D. No _____

(2) _____ Relationship: _____ I.D. 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.

SIGNATURE: _____ DATE: _____

ENROLLED BY:

INITIALS: _____ SURNAME: _____ EMPLOYEE NO: _____

BANKING DETAIL:
BANK: _____ BRANCH: _____ BRANCH CODE: _____

ACCOUNT NO.: _____ TYPE OF ACCOUNT: _____

FOR OFFICE USE

ENROLLER'S SIGNATURE: _____

RECEIVED	PROCESSED	COMMISSION	PENALTY	SIGNATURE

SUBMIT COMPLETED FORM TO:

The General Secretary, P.O. Box 31100, Braamfontein, 2017; Fax: 011 728 8258
Internal Fax: 011 773-7920; E-mail: members@untu.co.za