



UNITED NATIONAL TRANSPORT UNION

# UNTU

# 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](mailto:members@untu.co.za)