



STOP ORDER

Please print clearly

Complete all fields

TITLE: _____ INITIALS: _____ SURNAME: _____
 FIRST NAMES: _____ I.D. NUMBER: _____
 EMPLOYEE / SAP NO: _____ OLD PENSION NO: _____
 TEL: (H) _____ (W) _____ (FAX) _____
 (CELL) _____ (E-MAIL) _____
 POSTAL ADDRESS _____ POSTAL CODE: _____
 CENTRE/ DEPOT: _____ JOB TITLE: _____

- FORMULA FOR CALCULATING SUBSCRIPTION: 1% OF BASIC MONTHLY SALARY (Minimum of R35.00 and maximum of R65.00)
- 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 UTATU SARWHU.

WHERE ARE YOU EMPLOYED? (Please mark with X)

PRASA - Metrorail	<input type="checkbox"/>	TPT	<input type="checkbox"/>	Transnet Properties	<input type="checkbox"/>	Transnet Freight Rail	<input type="checkbox"/>
PRASA - Autopax	<input type="checkbox"/>	TNPA	<input type="checkbox"/>	Transnet Corporate	<input type="checkbox"/>	Bombela	<input type="checkbox"/>
PRASA - Shosholoza Meyl	<input type="checkbox"/>	Makhubu Logistics	<input type="checkbox"/>	Transnet Pipelines	<input type="checkbox"/>	Risk Pool	<input type="checkbox"/>
PRASA - CRES	<input type="checkbox"/>	Transnet Capital Projects	<input type="checkbox"/>	Transnet Rail Engineering	<input type="checkbox"/>	Other :	<input type="checkbox"/>

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