

po box 8417  
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tel: 0860 00 44 01  
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## APPLICATION FOR THE PURCHASE OF ADDITIONAL PENSIONABLE SERVICE

Section 1 – Employer Details	
Name of Municipality	
Participating Employer Code	
Paycentre Code	

Section 2 – Employee Details	
Member Initials & Surname	
Identity Number	
Pension Fund Reference Number	
Date from which present pensionable service commences	C C Y Y M M D D
Salary on commencement date of employment (present employer)	C C Y Y M M D D

Section 3 – Purchase of Additional Pensionable Service	
3.1	Period to be purchased
Period From:	C C Y Y M M D D
Period To:	C C Y Y M M D D
<b>OR</b>	
3.2	Amount available to purchase past service
R _____	

Section 4 – Signatures	
_____ Member's signature	_____ Date
It is hereby certified that the above information is true and correct.	
_____ Employer's signature	_____ Date

**OFFICIAL  
COUNCIL  
STAMP**

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Section 5 – For office use only									
5.1	Amount required to purchase service (per point 3.1)								
	R _____								
<b>OR</b>									
5.2	Service purchased by amount available (per point 3.2)								
	Period From:	C	C	Y	Y	M	M	D	D
	Period To:	C	C	Y	Y	M	M	D	D
_____					_____				
Team Leader					Date				