

EMPLOYEE CHECKLIST FOR REGISTRATIONS

(required information)

1.	Employer's Name and Council Number	M
2.	Employer's Phone Number and Address	M
3.	Employer's Email Address and Fax Number	M
4.	Full Name of Employee	M
5.	Identity Number of the Employee	M
6.	Copy of the Identity Document of the Employee	M
7.	Employee's Banking Details	
8.	Employee's Tax Reference Number (if applicable)	M
9.	Employee's Postal and/or Physical Address	M
10.	Employee's Phone Number and/or Cellphone Number and/or E-mail Address	M
11.	Member's Signature	M
12.	Occupation Code of the Employee	M
13.	Weekly Wage	M
14.	Completed Medical Aid Application Form	
15.	Dependant's Relation to the Employee and Full Name (Medical)	
16.	Dependant's Identity Number and Copy of Identity Docs (Medical)	
17.	Completed Pension Fund Application Forms	M
18.	Beneficiary's Relation to the Employee and Full Name (Pension)	
19.	Beneficiary's Address (Pension)	
20.	Beneficiary's Identity Number and Copy of Identity Docs (Pension)	
21.	Completed Union Application Forms	

M=mandatory