

**DURBAN MUNICIPAL THRIFT FUND**

16 Magwaza Maphalala (Gale) Street  
Durban  
4001

P O Box 680  
Durban  
4000

**APPLICATION FOR MEMBERSHIP**

I hereby apply for membership of the Durban Municipal Thrift Fund and agree that the annual subscription be deducted each year from my Thrift Fund Account in accordance with rule 5.  
A rule book will be supplied on request.

SURNAME : \_\_\_\_\_

FIRST NAMES : \_\_\_\_\_

SERVICE NO: 

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 DEPT. \_\_\_\_\_

CONTACT NO: \_\_\_\_\_

IDENTITY NO: \_\_\_\_\_ DEPT. NO \_\_\_\_\_

INCOME TAX NO: \_\_\_\_\_

RESIDENTIAL ADDRESS \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

WITNESS : \_\_\_\_\_