

SACTWU MEMBERSHIP PARTICULARS (Distribution)

1. PERSONAL DETAILS OF MEMBER

Surname: _____ First Name: _____

Date of Birth: ____ / ____ / ____ ID Number: _____

Female

Male

Home Address: _____ Code: _____

Postal Address: _____ Code: _____

Telephone: (Home) _____ (Work) _____ Highest Standard Passed: _____

BANK DETAILS

Name of Bank: _____ Branch: _____ Account No: _____

2. EMPLOYMENT INFORMATION

Name of Employer: _____

Address of Employer: _____

Date Engaged: _____ Job Description: _____ Department: _____

Employee /Clock No. _____ Position in Union: _____

Branch: _____ Region: _____

Sector: _____ Years of Experience: _____

Other Skills: _____ Years of Experience: _____

STOP ORDER FORM

(Name & Address of Employer) _____

through: General Secretary
Southern African Clothing and Textile Workers' Union
PO BOX 18359
DALBRIDGE
4014

Dear Sir

I (Full Name) _____ (Clock No) _____

Being a member of the above-mentioned Trade Union, hereby request you to deduct an amount of **R13, 95 (Thirteen Rand and Ninety Five Cents) per week or 1% (one percent)** whichever is less, but not less than **R8.40 (Eight Rand and Forty Cents) per week** or such amount as may be determined according to the union Constitution from time to time from my remuneration in respect of membership fees and levies payable to that Trade Union. The latter includes the funeral levy of **R1.80 (One Rand and Eighty Cents)**. These fees are deductible from the **01 July 2011 until otherwise advised by the union, of any adjustments**. I hereby revoke any previous authorization for deductions in respect of any Union not merged and incorporated within the Southern African Clothing and Textile Workers' Union. This authority shall only be terminable on four weeks written notice to the Union.

Yours faithfully
SIGNATURE: _____

(1) Witness _____

DATE _____

(2) Witness _____

3. INFORMATION OF FAMILY MEMBER

Full Names of Beneficiaries (Spouse and Children or Legally Adopted Children)

	Name	Date of Birth	Sex (M or F)	Relationship	ID/Birth No.
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

Parents

1.					
2.					

I confirm that the information furnished is true and binding to my conscience.

SIGNATURE: _____ DATE: _____

WHY DO WE NEED THIS INFORMATION?

SACTWU has developed some significant benefits, which need tighter control and verified information when applying for benefits such as death benefits, bursaries, etc.

WHAT WILL HAPPEN TO ME IF I DO NOT FILL IN THIS FORM?

SACTWU will have to take a decision to stop paying benefits to those workers who fail to fill in the form after giving notice.

WHAT HAPPENS IF MY FAMILY INCREASES OR MEMBERS THEREOF GET MARRIED?

It is the member's responsibility to inform the SACTWU office and to have proof of receipt of information by SACTWU, for example, a copy signed and dated by the union official at the Union office where such information was submitted.

SACTWU INTENTIONS

To give benefits to correct beneficiaries and to manage our members' fund efficiently.

NAME OF RECRUITER: _____