ORIGINATING STATE

Stanbic IBTC Pension Managers

CHANGE OF EMPLOYMENT FORM

A. RSA HOLDER DETAILS

SURNAME _____ FIRST NAME _____ MIDDLE NAME _____

Please enter your RSA number:

PIN | P | E | N | | | | | | | | | | | |

DATE OF BIRTH | | | / | | | / | | | | |

DD / MM / YYYY

B. PREVIOUS EMPLOYER

NAME OF PREVIOUS EMPLOYER _____

ADDRESS _____

C. NEW EMPLOYER

NAME OF NEW EMPLOYER _____

FULL ADDRESS (Including your Dept/Unit) _____

_____

DATE OF JOINING NEW EMPLOYER _____

RC NUMBER OF NEW EMPLOYER _____

CONTACT PERSON (HR/Admin Mgr of New Employer) _____

OFFICE TELEPHONE _____

E-MAIL _____

D. CERFICATION

I hereby certify that the information provided is true and correct to the best of my knowledge and therefore authorise Stanbic IBTC Pension Managers Limited to change my employment details as contained in this form.

Signature (Please sign within box)	Thumbprint (Left)	Thumbprint (Right)

FOR OFFICIAL USE ONLY

Name of verifier _____ Signature & Date _____