



APPLICATION FOR A DUPLICATE PAYSリップ / TAX CERTIFICATE

Industry Number							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ID/Passport Number											
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PLEASE INDICATE WHICH DOCUMENT YOU WOULD LIKE TO HAVE A DUPLICATE OF
(Please Tick Applicable Box)

1	PAYMENT ADVICE	<input type="checkbox"/>					
Specify Date (YYYYMMDD)							
A	<input type="text"/>	B	<input type="text"/>	C	<input type="text"/>	D	<input type="text"/>
DOCUMENTARY REQUIREMENTS							
Note: the documentary requirements need to be complied with in full. Failure to comply will lead to a delay in processing this request.							
1	Copy of Identity Document / Passport						<input type="checkbox"/>
2	If you are applying on behalf of a pensioner please send us the power of attorney together with a copy of Identity Document / Passport						<input type="checkbox"/>
3	If you are a broker and applying on behalf of a pensioner please send us the brokers note / client consent note together with a copy of Identity Document / Passport						<input type="checkbox"/>

2	TAX CERTIFICATE (IRP5)	<input type="checkbox"/>					
Specify Year Of Assessment (YYYY)							
A	<input type="text"/>	B	<input type="text"/>	C	<input type="text"/>	D	<input type="text"/>
DOCUMENTARY REQUIREMENTS							
Note: the documentary requirements need to be complied with in full. Failure to comply will lead to a delay in processing this request.							
1	Copy of Identity Document / Passport						<input type="checkbox"/>
2	If you are applying on behalf of a pensioner / member please send us the power of attorney together with a copy of Identity Document / Passport						<input type="checkbox"/>
3	If you are a broker and applying on behalf of a pensioner / member please send us the brokers note / client consent note together with a copy of Identity Document / Passport						<input type="checkbox"/>

Signature

Date (YYYYMMDD)
<input type="text"/>



APPLICATION FOR A DUPLICATE PAYSリップ / TAX CERTIFICATE (CONTINUED)

Industry Number									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title		Initials		Surname					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Identity / Passport Number									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender (Please tick block)		Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Date Of Birth (YYYYMMDD)		<input type="text"/>	<input type="text"/>

POSTAL ADDRESS		
P O Box Number	Suburb, City or Town	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

RESIDENTIAL ADDRESS		
Street Number	Street Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb, City or Town		Postal Code
<input type="text"/>		<input type="text"/>

CONTACT DETAILS		
Tel No	Code	Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Cell No	Code	Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
E-Mail	<input type="text"/>	

PLEASE INDICATE THE PREFERRED METHOD OF COMMUNICATION BY THE FUND BY TICKING THE APPLICABLE BLOCK			
SMS	<input type="checkbox"/>	E-MAIL	<input type="checkbox"/>
TELEPHONIC	<input type="checkbox"/>	WRITTEN	<input type="checkbox"/>

Signature

Date (YYYYMMDD)
<input type="text"/>

Please send your application form and required documents to :
 Sentinel Retirement Fund,
 Post : P O Box 61172, Marshalltown, 2107, Fax : (011) 481-8111, E-mail : info@sentinel.za.com