



## CHANGE OF ADDRESS

|                            |                          |                          |                          |                          |                          |                          |                          |
|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 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"/>     |
| 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"/>     |
| Identity / Passport Number |                          |                          |                          | <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="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| 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"/> |                      |
| 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"/>     |
| Mobile No   | Code                     | Number                   |
| <input type="text"/>  | <input type="text"/>     | <input type="text"/>     |
| E-Mail  | <input type="text"/>     |                          |
| <input type="text"/>  | <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"/>  | <input type="checkbox"/> | TELEPHONIC               |
| <input type="checkbox"/>  | <input type="checkbox"/> | POSTAL                   |
| <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |

|  |
|--|
| Signature                                |
| <br><br><br><br><br><br><br><br><br><br> |

|                      |
|----------------------|
| 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](mailto:info@sentinel.za.com)