

REQUEST FOR ADVANCE (IN RESPECT OF DISABILITY OR RETIREMENT CLAIM)

Industry Number	Identity / Passport Number
Title Initials	Surname
Tel No Code	Number Number
E-Mail	
I hereby request an advance of	R .
The reason for my request is as	follows:
DISCLAIMER BY APPLICANT	
Please note that you may be held liable, in your personal capacity, for re-payment of amounts in terms of approved advances not recovered once final benefits have been paid and/or final allocations have been distributed. The Fund reserves the right to proceed in any necessary means to retrieve such amounts, and will escalate non-payment of such amounts to the Fund's Legal Department.	
Signature	
	Date (YYYYMMDD)
	Y Y Y M M D D