



**Commencement of New Employer**

**Confidential**

**Applicant Details**

Name of the Employer:

Trading name of the Employer:

Company/CC/Trust Registration number:

PSIRA Registration number:

PAYE Registration number:

Please tick (v) the appropriate business entity.

Please tick (v)

Please tick (v)

Sole Proprietor

Company

Partnership

Close Corporation

Trust

Foundation

Other (specify)

**Applicant Contact Details**

Street address of the Applicant business:

Postal Address of the Applicant Business:

Telephone Numbers:

Fax Number:

Email Address:

Street address of the Administration Office – if different to street address of Applicant Business:

Telephone numbers:

Fax Number:

Email Address:

Postal address of the Administration Office – if different to postal address of Applicant Business:

Telephone numbers:

Fax Number:

Email Address:

## Director Details

Provide particulars below of – (1) the owner of sole proprietorship, (2) every director of a company, (3) every member of a close corporation, (4) all trustees of business trust, (5) all partners of a partnership, (6) all administrators or persons in control of a foundation or other body, (7) all persons who perform executive or managing functions in relation to the applicant business (in so far as they are not listed under another category).

Full names	Capacity (e.g. Owner, Director, Manager)	Residential address	*Identity number/ Passport number	PSIRA Registration number
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\*Copy of ID docs for all owners are to be provided for all members listed in this block

## Fund Information

Commencement date for participation in the Fund:

Number of members who will be participating in the Fund:

**Please list members who will be joining the Fund on the \*monthly payroll member data file\* to be supplied by the Fund**

Has the employer been registered with another Provident Fund before?

YES NO

If YES, state with which Fund?

For how long?

Is there going to be a Section 14 Transfer? if Yes, please provide details below:

Contact Person in the previous Fund:

Telephone Number:

Email Address:

## Authorised Signatories

Please provide us with the specimen signatures of the designated employees who will be permitted to sign the claim forms submitted to SALT Employee Benefits.

Contact person	Contact person
Designation	Designation
Signature	Signature

Date

Date

Contact person	Contact person
Designation	Designation
Signature	Signature

Date

Date

## Details of responsible person for financial affairs of company

Section 13A of the Pension Funds Act has been amended and stipulates that identified persons shall be personally liable for the failure to make payment of contributions to a retirement fund, which shall be made no later than seven days after the end of the month for which such a contribution is payable.

In terms of these changes, an employer who participates in a retirement fund must nominate responsible person to take accountability for the payment of contributions.

	Responsible Person 1	Responsible Person 2	Responsible Person 3
<i>Name &amp; Surname</i>			
<i>Identity Number</i>			
<i>Residential Address</i>			
<i>Contact Number (h)</i>			
<i>Contact Number (w)</i>			
<i>Cell Number</i>			
<i>Email Address</i>			

Private Security Sector Fund may be required to disclose the personal information of the responsible person(s) to the relevant regulatory bodies or 3<sup>rd</sup> parties who offer services to the Fund and who has a contract with the Fund

The authorized signatory confirms that s/he has obtained the necessary consent from the responsible person(s) and that the information supplied in this form is true and correct.

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Signature

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Name and Surname

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Designation

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Date

## Employer Stamp

		Employer Stamp
Owners Signature	Date	

Documents that are to accompany the New Employer form:

- Certified copies of the identity document/passport number of all parties listed in the table of business entities
- Data schedule reflecting all the members who will be participating in the fund (see attached example)

The completed documentation must be sent to: [psspf@salteb.co.za](mailto:psspf@salteb.co.za)

Call centre: 0861 177 775

## Resolution by Employer

Resolution passes at a duly constituted meeting of the

(owner/director/members/trustees/partner) of

(registered name of the business)

(registration number) held at

(place) at

(time) on

(date)

### Resolved:

That

(name of natural person)

in his/her capacity as

(owner/director/trustee/partner)

be and is hereby authorised to make application to the Private Security Sector Provident Fund on behalf of

(registered name of business) to be a participating

employer in the Private Security Sector Provident Fund

Signature

Specimen signature of duly authorised person

Date

Certified correct

name

Capacity

Signature

Date

name

Capacity

Signature

Date

name

Capacity

Signature

Date

name

Capacity

Signature

Date

name

Capacity

Signature

Date