

EMPLOYER WEB ACCESS APPLICATION

UMBRELLA FUND / FUND NAME _____

PARTICIPATING EMPLOYER _____

TO BE COMPLETED BY THE APPLICANT

MEMBER NO. _____ EMPLOYEE NO. _____

SURNAME _____ FIRST NAMES _____

DATE OF BIRTH _____ IDENTITY NUMBER _____

RESIDENTIAL ADDRESS _____

POSTAL ADDRESS _____

TEL NO. (_____) _____ CELL PHONE NO. _____

E-MAIL ADDRESS _____

I, the undersigned, pledge my adherence to the confidentiality of all passwords issued to me. I understand that my password will be unique and all activities performed under my access code will be monitored.

SIGNATURE _____ DATE _____

TO BE COMPLETED BY THE EMPLOYERS' CHIEF EXECUTIVE OFFICER OR MANAGING DIRECTOR

I, the undersigned, confirm that 'Fund Level Web Access' (View all employees records) is essential in order for the applicant to perform the duties assigned to him/her. I hereby authorize this application.

FULL NAME (PLEASE PRINT) _____

SIGNATURE _____ DATE _____

DESIGNATION _____ EMPLOYER STAMP _____

NOTES

- The information disclosed within this document will be treated as confidential and will only be used for the purpose for which it is intended in terms of applicable legislation.
- Your password is unique and should under no circumstances be given to any person.
- Your employer may revoke your password privileges at any time.
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