

# **MEMBER'S WORK ADDRESS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



I, the undersigned

Name & Surname: \_\_\_\_\_

Postal number: \_\_\_\_\_

Place: \_\_\_\_\_

Identity number: \_\_\_\_\_

Telephone number: \_\_\_\_\_

I hereby apply to cancel the under mentioned deduction(s) on my salary  
 because I/we do not do the following job with my/our salaries

Cancellation of PPF contributions against: Leave Payroll, EMPLOYER  
 The cancellation has PPF/PPF (Leave Payroll), SAPS or PSA input

Name of BRANCH	Reference number	Signature

I hereby authorize the Postal Finance Bureau to deduct(s) on my salary  
 because I/we do not do the following job with my/our salaries

I understand the under money that was deducted must be claimed from the institution and not from the office.  
 The member can be guaranteed that my salary will be paid in full if I do not do the following job with my/our salaries

**SIGNATURE (Member's Use)**

**DATE ON WHICH MEMBER SIGNED**

**SIGNATURE of representative of issuing  
 Postal Pension Fund Unit**

**DATE ON WHICH QUERIES/RECEIVED  
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# Popcru Application Form

**South Africa. Parliament (1994- ).  
National Assembly**

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