

## Dependant confirmation (over 21 years)

**PLEASE COMPLETE IN BLOCK LETTERS.**

|                                 |                      |                 |                      |
|---------------------------------|----------------------|-----------------|----------------------|
| Membership number               | <input type="text"/> | Employee number | <input type="text"/> |
| Name of main member             | <input type="text"/> |                 |                      |
| Region                          | <input type="text"/> |                 |                      |
| Name of dependant               | <input type="text"/> |                 |                      |
| ID/Passport number of dependant | <input type="text"/> |                 |                      |

Please tick the appropriate boxes below, attach the required documentation and sign the form before returning it via internal mail or email to your regional salary/wage office.

**Internal mail**

Cecile van der Vyver  
Pick n Pay: Employee Benefits Division  
Pick n Pay Office Park  
101 Rosemead Avenue  
Kenilworth  
7700

**Email**

[cvandervyver@pnp.co.za](mailto:cvandervyver@pnp.co.za)

**1. Student**

- ☐ Please keep my over 21-year-old dependant, who will be a registered student in 2025, registered as my dependant. Proof of my dependant's student registration is attached.

**2. Physically and/or mentally disabled**

- ☐ Please keep my over 21-year-old dependant, who is physically and/or mentally disabled, registered as my dependant. Proof of my dependant's medical condition is attached.

**3. Financially dependent**

- ☐ Please keep my over 21-year-old dependant, who is financially dependent on me, registered as my dependant.
- ☐ I acknowledge that the full adult dependant rate applies from 1 April 2025.
- ☐ Proof of my dependant's financial dependency is attached.

**4. Cancellation of membership**

- ☐ Please cancel the membership of the above-mentioned dependant.

Signature

Date

DD/MM/YYYY