

Please provide us with your contact details

We would like to know how to contact you. Please complete the member contact detail section below and return the form to membership@pnpms.co.za.

PLEASE NOTE: This information will only be used to assist you and your family in maximising the benefits available from the Scheme. Your information will not be provided to external parties.

PLEASE COMPLETE IN BLOCK LETTERS.

Member contact detail

Please provide all the details below. Include your preferred method of contact by ticking the box provided.

Membership number	<input type="text"/>		
Employee number	<input type="text"/>		
Title	<input type="text"/>	Initials	<input type="text"/>
Surname	<input type="text"/>		
First names	<input type="text"/>		
ID/Passport number	<input type="text"/>		
Store or department	<input type="text"/>		
Region	<input type="text"/>		
<input type="checkbox"/> Work telephone number	<input type="text"/>		
<input type="checkbox"/> Fax number	<input type="text"/>		
<input type="checkbox"/> Cell phone number	<input type="text"/>		
<input type="checkbox"/> Postal address	<input type="text"/>		
	<input type="text"/>	Postal code	<input type="text"/>
<input type="checkbox"/> Email address	<input type="text"/>		

I, the undersigned, hereby confirm that the details provided above are true and correct.

Signature	<input type="text"/>	Date	<input type="text" value="DD/MM/YYYY"/>
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