

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

1. Student

Please keep my over 21-year-old dependant, who will be a registered student in 2024, 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 2024.

Proof of my dependant's financial dependency is attached.

4. Cancellation of membership

Please cancel the membership of the above-mentioned dependant.

Signature

Date