

**DURBAN MUNICIPAL THRIFT FUND**

16 Magwaza Maphalala (Gale) Street  
Durban  
4001

P.O. Box 680  
Durban  
4000

**APPLICATION FOR MEMBERSHIP**

I hereby apply for membership of the Durban Municipal Thrift Fund and agree that the annual subscription be deducted each year from my Thrift Fund Account in accordance with rule 5. A rule book will be supplied on request.

SURNAME : \_\_\_\_\_

FIRST NAMES : \_\_\_\_\_

SERVICE NO: 

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 DEPT. \_\_\_\_\_

LOCATION CODE: \_\_\_\_\_

WORK CONTACT NO: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

IDENTITY NO: \_\_\_\_\_ DEPT. NO. \_\_\_\_\_

INCOME TAX NO: \_\_\_\_\_

RESIDENTIAL ADDRESS \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

CONTACT DETAILS OF RELATIVE: \_\_\_\_\_

**DURBAN MUNICIPAL THRIFT FUND (DMTF)**

16 Magwaza Maphalala Street (formerly Gale Street), Durban, 4001

(Office Hours: Monday to Friday - 07h30 to 13h00).

Telephone: (031 301 1794)

**APPLICATION FOR WITHDRAWAL**

- Notes:
1. Monies in respect of application received on or before 10H00 on a working day will, in the normal course of events, be available on the following day.
  2. Members will be liable for bank transaction fees, as levied by Standard Bank.
  3. A 5% fee will be charged on withdrawals made from the current financial year savings (Oct. to Sept.)
  4. Application for withdrawal may be scanned, saved as a PDF file, and e-mailed to: [dmtfwithdrawal@mweb.co.za](mailto:dmtfwithdrawal@mweb.co.za)

In accordance with the Rules of the DMTF, I wish to apply for a withdrawal of

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**AMOUNT IN WORDS:**

<b>SURNAME</b>												
<b>FIRST NAME</b>												
<b>IDENTITY NO.</b>												
<b>BANK ACCOUNT NO.</b>												
<b>WORK CONTACT NO.</b>												
<b>CELL NO.</b>												
<b>E-MAIL ADDRESS TO WHICH ANY RELATED CONFIDENTIAL DMTF CRRESPONDENCE MAY BE ADDRESSED</b>												
<b>SERVICE NUMBER</b>												
<b>LOCATION CODE :</b>												
<b>DEPT:</b>												
<b>FULL SIGNATURE</b>										<b>DATE:</b>		

**FOR OFFICE USE ONLY : Amount .....**

**Captured By .....**

# DURBAN MUNICIPAL THRIFT FUND

## ELECTRONIC BANKING DETAILS/CHANGE TO ELECTRONIC BANKING DETAILS

(MEMBER TO PRESENT ALL REQUIRED DOCUMENTS IN PERSON)

SERVICE NUMBER: \_\_\_\_\_

FULL NAMES: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

CONTACT TELEPHONE NUMBER: \_\_\_\_\_

### DOCUMENTS REQUIRED:

- 1) ORIGINAL I.D. BOOK/CARD.
- 2) COPY OF I.D. BOOK/CARD.
- 3) PROOF OF RESIDENCE (ANY REGULAR ACCOUNT REFLECTING RESIDENTIAL ADDRESS THAT IS NOT OLDER THAN 3 MONTHS.
- 4) BANK STATEMENT ~~OR CANCELLED CHECK~~.

### BANKING ACCOUNT DETAILS (OR ORIGINAL SIGNED LETTER FROM BANK CONFIRMING BANKING ACCOUNT DETAILS)

1. Name of Account Holder \_\_\_\_\_
2. Identity Number \_\_\_\_\_
3. Bank Account Type \_\_\_\_\_
4. Name of Bank \_\_\_\_\_
5. Bank Account number \_\_\_\_\_
6. Branch Code \_\_\_\_\_

Authority to use above account for EFT payment \_\_\_\_\_

Signature of Account Holder

Confirmation of Banking Details \_\_\_\_\_

Signature of Bank Official

Official bank Stamp \_\_\_\_\_

Name of bank Official

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FOR OFFICE USE: MEMBER'S ORIGINAL I.D SEEN \_\_\_\_\_

VERIFIED COPY OF I.D. BOOK/CARD \_\_\_\_\_

CAPTURED ON TO DMTF SYSTEM BY \_\_\_\_\_

CAPTURING VERIFIED BY \_\_\_\_\_

CHECKED TO COMPUTER PRINTOUT BY SECRETARY/TREASURER \_\_\_\_\_