



EMPLOYER CONTACT INFORMATION



This form is required to ensure that we correctly address correspondence and make contact with the authorized personnel in your Organization.

FUND NAME:	
EMPLOYER NAME:	

CONTACT PERSON

SURNAME / INITIALS:		
FIRST NAME:		
EMPLOYER DESIGNATION:		
PHYSICAL ADDRESS:		
		PO Code
POSTAL ADDRESS:		
		PO Code
E-MAIL ADDRESS:		
TEL. & FAX NO'S.:	(Code)	(Code)
OTHER INFORMATION:		

On behalf of the Employer, as named above, we hereby confirm that the following person is duly authorized to receive any correspondence or information relating to our membership and participation in the above named Fund(s).

AUTHORIZED SIGNATORY	EMPLOYER DESIGNATION
FULL NAMES	
EMPLOYER REPRESENTATIVE	DATE

Please return this form by post or forward the information electronically to: admin@fundwise.co.za

103 Clifton Place, 1st Floor, 19 Hurst Grove, Musgrave
 Postnet Suite 163, Private Bag X10, Musgrave Road, 4062
 Tel: +27 (31) 277 0100 Fax: +27 (31) 201 0812
 e-mail : admin@fundwise.co.za
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