

Application for Provident Fund Membership

Date: Day.....Month.....Year.....

Dear Provident Fund Committee,

Provident Fund 's Name (registered),

.....Company Limited, Member No.,

With reference to this application, I (Mr./Mrs./Miss).....,

Date/Month/Year of Birth.....Government Identification Card No.Taxpayer Identification

No....., would like to apply for membership in the Provident Fund, so

named....., (authorized),Company

Limited,Department, Date/Month/Year of Work's Commencement.....hereby:

1. I am well informed of the fund's rules as well as my own rights and duties and agree to abide by them accordingly.
2. To transfer my contribution to the above named fund, I request the AMC to transfer it corresponding to the specified rate by monthly deducting the determined amount from my salary.
3. In the case of my death, I would like, hereby, to indicate the name(s) of my beneficiaries and the percentages they should each receive as per the following details:

1. Name.....who will receive a portion of%

Address.....Relationship.....

2. Name.....who will receive a portion of%

Address.....Relationship.....

3. Name.....who will receive a portion of%

Address.....Relationship.....

4. Name.....who will receive a portion of%

Address.....Relationship.....

5. Name.....who will receive a portion of%

Address.....Relationship.....

Total 100%

4. If there is a change of beneficiary and/or a beneficiary's proportion of benefits as indicated under **article 3** above, it will be undertaken through the use of a written statement to the provident fund committee.

Signature.....Applicant

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The provident fund committee has considered your application and has agreed to approve your provident fund membership in the company, which is effective on

Sign.....

(.....) (.....)

Provident Fund Committee Member

Provident Fund Committee Member

Remark: The proportion of benefits, which all beneficiaries will receive, should be in a total of 100%.