

SCHEDULE 2

hci PROVIDENT FUND

APPLICATION FOR ADMISSION AS A VOLUNTARY MEMBER

Fund No.
Union No.
Surname
First names
Date of birth (year) (month) (day)
Identity No.
Sex (state male or female)
Employed by (employer's name and address)
.....
.....
Occupation
If an employer state full name of business
.....
Status of employer (e.g. owner, director, partner, member)
Were you previously employed in the Hairdressing and Cosmetology Industry?
If the answer is "Yes", state name and address of previous employer and your Fund No.
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I, the undersigned, hereby apply to be registered as a member of the hci Provident Fund and agree to abide by the provisions of the Fund's rules in force from time to time. I nominate as my beneficiary in the event of my death:

First names (Mr/Mrs/Miss)
Surname & Full Names
Relationship (state: wife, husband, father, mother, son, daughter, as the case may be)
.....
Address :
.....
Identity No. of beneficiary (where applicable)
.....

Date : **Member's Signature :** _____