

AUTHORISED PERSONNEL FORM

NAME OF FUND: _____


 Administered by **RFS Fund Administrators**
 Cnr. Feld St and Newton St, Windhoek • PO Box 80349, Windhoek, Namibia

Surname & Initials	ID Number	Employer name	Authorized to access e-Com_Pen Statements (<i>Please indicate : All, Executives only, General Staff only</i>) of the Employer	Access to Client Portal to download Fund Forms	Authorized Signatory on Fund Forms (Claims, New EE, EE Options, HL Appl.)
				<i>Please tick the appropriate boxes</i>	

NOTE: It is the responsibility of the Employer to advise the Fund Administrator, RFS, in writing regarding appointment of, any changes to the mandates of the authorised persons, or his/her removal as an authorised person. In the unlikely event of RFS not being informed timeously of the changes to the mandate of the above mentioned employees, RFS shall not be held responsible for any claims arising from action taken based on instruction or documentation received from the said employees.

CONFIRMED BY:

SIGNATURE: _____ **FULL NAME:** _____ **DATE:** _____

COMPANY STAMP

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SPECIMEN SIGNATURE CARD

To be completed by each authorized signatory:

EMPLOYER NAME: _____

FIRST NAMES: _____

SURNAME: _____

DESIGNATION: _____

ID NUMBER: _____

***SIGNATURE:** _____

***Contact Details:**

***Telephone no:** _____

***E-mail address:** _____