

PERSONAL DETAILS UPDATE

Please Complete in BLOCK LETTERS

1. PERSONAL IDENTIFICATION	
P E N FIRST NAME: FIRST NAME	ME OTHER NAME
2. CHANGE OF NAME	
FORMER NAME: SURNAME: FIRST	T NAME OTHER NAME
NEW NAME: SURNAME: OTHER NAME FIRST NAME OTHER NAME OTHER NAME (Note: Please attach a copy of affidavit or marriage certificate and newspaper publication.)	
3. CHANGE OF EMPLOYMENT	
PREVIOUS EMPLOYER'S NAME NAME:	NEW EMPLOYER'S NAME & ADDRESS
NAME.	NAME:
	ADDRES: DATE JOINED:
	CONTACT PERSON:
ADDRESS	EMAIL ADDRESS:
	OFFICE TEL. NO:
4. CHANGE O F NEXT OF KIN	
FORMER NEXT OF KIN	
5. CHANGE OF CORRESPONDENCE ADDRESS / MOBILE PHONE NO / E-MAIL ADDRESS	
PREVIOUS	NEW
ADDRESS:	ADDRESS:
MOBILE PHONE NO:	MOBILE PHONE NO:
E-MAIL ADDRESS:	E-MAIL ADDRESS:
6. E-STATEMENT OF ACCOUNT	
Kindly state how you want your account statement dispatched to you: (Please Tick) Via SMS E-Mail Pick Up Others. Please specify	
hereby authorize VG Pensions to effect the changes indicated above: Contributor's Signature Date Date	
FOR OFFICIAL USE ONLY	
Inputer (Sign & Date)	Authorizing Officer (Sign & Date)