

STOP ORDER

UNITED NATIONAL TRANSPORT UNION



[PLEASE COMPLETE ALL FIELDS IN CLEAR PRINT]

		Di	ATE D D M M		
	PERSON	IAL INFORM			
TITLE:	INITIALS:	INITIALS:		SURNAME	
FIRST NAMES:	IDENTI	TY NUMBER:			
EMPLOYEE/SAP NO:	т	-SHIRT RECEIVED YES NO	SIZE(S-5XL)		
TEL:(H)	(WORK)		(FAX)		
(CELL)		JOB TITLE			
POSTAL ADDRESS					
POSTAL CODE	E-MAI	L			
	by consent to UNTU to col nderstand that my person arty partners.				
SIGNATURE					
AMOUNT AS CALCULATE	REBY AUTHORIZE THE RELI D PER THE ABOVE FORMUL Transnet. Tolcon)	A FROM MY SALARY ANI	O PAY THIS AMOUNT TO	O UNTU.	
	Transnet, Tolcon)				
DIVISION(e.g TFR,TE):	PROVINCE NOMINEE FOR DEATH BENEFIT		WORK PLACE/ DE	POT	
I, UNDERSIGNED, HEREBY NOMINATE AND APPOINT:					
1)	RELATIONSHIP		Contact no		
2)	RELATIONSHIP		Contact no		
ID no(1)ID no(2)					
	s death grant shall form n ce of any creditor of mine			executable nor	
	ENROLLED BY:				
NITIALS					
BANK	BRANCH		BRANCH CODE		
ACCOUNT NO	ACCOUNT TYPE		SIGNATURE		
	OFF	ICE USE ONI	LY		
RECEIVED	PROCESSED	COMMISSION	PENALTY	SIGNATURE	
	THIS STAN ARRED CA	NICELS THE MEMBEDSHID	OF ANIV OTHER HANGE		

• I fully understand and accept that this STOP ORDER can only be cancelled by giving one month's written notice to the General Secretary of UNTU.

SUBMIT COMPLETED FORM TO:

The General Secretary, 15 Bradford Road, Bedfordview, 2007.

E-mail: members@untu.co.za