



MUNICIPAL WORKERS RETIREMENT FUND

BURSARY APPLICATION FORM

FOR OFFICE USE
BURSARY NO

Fax to 011 482 7044

- NOTE**
- Please attach a certified copy of your matric certificate.
 - Please attach certified ID copies for applicant and member.
 - Please attach a certified copy of the acceptance letter which will indicate the cost of your course.
 - Please attach a certified copy of required material from institute.
 - Please complete the form in CAPITAL LETTERS using ink or a ballpoint pen.

SECTION A	DETAILS OF APPLICANT
First Names	
Surname	
Preferred name	
Title (e.g. Mr., Mrs., Miss Ms)	
Surname on senior certificate	
ID No	
Physical Address	
Postal Address	

SECTION B	MEMBER DETAILS
Name	
Surname	
ID No	
Provident fund Membership no	
Name Municipality	
Physical Address	
Postal Address	

