

APPLICATION FOR A DUPLICATE PAYSLIP / TAX CERTIFICATE

Industry Number	ID/Passport Number		
PLEASE INDICATE WHICH DOCUMENT YOU WOULD LIKE TO HAVE A DUPLICATE OF			
(Please Tick Applicable Box)			
1 PAYMENT ADVICE			
Specify Date (YYYYMMDD)			
A Y Y Y W B B Y Y Y M M C Y			
DOCUMENTARY REQUI	REMENTS		
Note: the documentary requirements need to be complied with in full. Failure to comply will lead to a delay in processing this request.			
1 Copy of Identity Document / Passport			
If you are applying on behalf of a pensioner please send us the power of attorney together with a copy of Identity Document / Passport			
If you are a broker and applying on behalf of a pensioner please send us the brokers note / client consent note together with a copy of Identity Document / Passport			
2 TAY CERTIFICATE (IRRE)			
2 TAX CERTIFICATE (IRP5)			
Specify Year Of Assessment (YYYY)			
DOCUMENTARY REQUIREMENTS			
Note: the documentary requirements need to be complied with in full. Fail request.	ure to comply will lead to a delay in processing this		
1 Copy of Identity Document / Passport			
2 If you are applying on behalf of a pensioner / member please send us the power of attorney together with a copy of Identity Document / Passport			
If you are a broker and applying on behalf of a pensioner / member please send us the brokers note / client consent note together with a copy of Identity Document / Passport			
	1		
Signature			
	Date (YYYYMMDD)		



APPLICATION FOR A DUPLICATE PAYSLIP / TAX CERTIFICATE (CONTINUED)

Industry Number			
Title Initia	als	Surname	
Identity / Pa	Identity / Passport Number		
Gender (Please tick block)	Male Female	Date Of Birth (YYYYMMDD)	M D D
POSTAL ADDRESS			
P O Box Number		Suburb, City or Town	tal Code
RESIDENTIAL ADDRESS			
Street Number		Street Name	
	Suburb, (City or Town Post	tal Code
CONTACT DETAILS			
Tel No Code		Number	
Cell No Code		Number	
E-Mail			
PLEASE INDICATE THE PREFERRED METHOD OF COMMUNICATION BY THE FUND BY TICKING THE APPLICABLE BLOCK			
SMS	E-MAIL	TELEPHONIC WRITTEN	
	Signature		
		Date (YYYYMMD	D)
		Y Y Y W N	

Please send your application form and required documents to :

Sentinel Retirement Fund,

Post: P O Box 61172, Marshalltown, 2107, Fax: (011) 481-8111, E-mail: info@sentinel.za.com