



CONTACT DETAILS OF DEPENDANTS OVER THE AGE OF 18

It is now a legal requirement for the Fund to have the contact information for dependants over the age of 18 on record.

Please update the contact information for your dependants who are over the age of 18 and return this form to WooltruMembership@mhg.co.za

MAIN MEMBER'S DETAILS

Membership number	<input type="text"/>
ID/Passport number	<input type="text"/>
Name and surname	<input type="text"/>
Postal address	<input type="text"/>
	<input type="text"/> Postal code <input type="text"/>
Cell phone number	<input type="text"/>
Email address	<input type="text"/>

DETAILS OF DEPENDANTS OVER THE AGE OF 18

Dependant 1

Name and surname	<input type="text"/>
ID/Passport number	<input type="text"/>
Postal address	<input type="text"/>
	<input type="text"/> Postal code <input type="text"/>
Cell phone number	<input type="text"/>
Email address	<input type="text"/>

Dependant 2

Name and surname	<input type="text"/>
ID/Passport number	<input type="text"/>
Postal address	<input type="text"/>
	<input type="text"/> Postal code <input type="text"/>
Cell phone number	<input type="text"/>
Email address	<input type="text"/>

DETAILS OF DEPENDANTS OVER THE AGE OF 18 (CONTINUED)

Dependant 3

Name and surname																															
ID/Passport number																															
Postal address																										Postal code					
Cell phone number																															
Email address																															

Dependant 4

Name and surname																															
ID/Passport number																															
Postal address																										Postal code					
Cell phone number																															
Email address																															

Dependant 5

Name and surname																															
ID/Passport number																															
Postal address																										Postal code					
Cell phone number																															
Email address																															