## **Multilect Administrators (Pty) Ltd**

FSP Number: 45364

4<sup>th</sup> Floor, Rosebank Corner

191 Jan Smuts Avenue, Parktown North, 2196 PO Box 3029, Saxonwold, 2132

Tel: 27 (0)11 274 6160

Email: admin@multilect.co.za

## **MEMBER DETAILS UPDATE FORM**

Title:	_ Initials:	Surname:	
First names: _			Known as:
Date of birth: ID / Pa		ID / P	assport number:
Tax number: Ta		Ta	ax office:
Country of res	sidence (if not South	Africa):	
Residential ac	ldress:		Postal address:
Postal Code: _			Postal Code:
Home Tel: (	)		Home Fax: ()
Work Tel: (	)		Work Fax: ()
Mobile:			Email:
Preferred me	ans of communication	n: Post	Email
residence and this form onc (no more tha	d Identity of each po e you have complete	licy holder on file d it to us at <u>admi</u> ice account which	South Africa, we are required to keep proof of . We therefore request that you please return n@multilect.co.za along with a copy of a recent reflects your name and home address, and a gn Passport.
•	fy that the above intended in the state of t		and correct and I undertake to advise Multilect ion should change.
Signature:			Date: