

**NATIONAL TREASURY
Government Employees
Pension Fund (GEPF)
NOTIFICATION OF
DIVORCE Z103**



GEPF USE ONLY - GEPF STAMPS

BAR CODE

Call Centre : 0800 117 669
E-mail : enquiries@gepf.co.za
WebSite : www.gepf.co.za

A) PERSONAL DETAILS OF MEMBER (Compulsory)

1. Pension Number

2. Title 3. Initials 4. Gender M F

5. Surname

6. First Name (s)

7. Maiden Name

8. Date of Birth 9. ID No / Passport No.

10. Income Tax No

11. Date of Marriage 12. Date of Divorce

13. Tel No 14. Cell No

15. E-mail

B) EMPLOYMENT DETAILS (Compulsory)

1. Employer Code 2. Occupation code 3. Salary No

4. Employer Name

5. Commencement date: Period covered by pension contributions

6. Annual basic pensionable salary, reflecting the salary increases during the last three (3) prior to divorce date, or whole period if shorter.

Period From	Period To	Annual Salary for Period (Rands only)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
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7. Periods of Bought Service to be recognised.

Period From	Period To
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

8. Break in Service to be disregarded.

Period From	Period To
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

ALL PAGES OF THIS FORM MUST BE COMPLETED IN ORDER FOR THIS FORM TO BE VALID AND ALL THE RELEVANT PARTIES MUST SIGN THIS PAGE.

Employer signature 1 Employer signature 2 Member signature

C) CERTIFICATION BY EMPLOYER REPRESENTATIVES (Compulsary)

The employer declares that:

(a) All Particulars on this form are true and correct.

1. Surname and initial of Employer Representative

2. Surname and initial of ASD or equivalent designation

3. Designation

4. Designation

5. Tel No

6. Tel No

7. Fax No

8. Fax No

9. Employer Postal

Postal Code

OFFICIAL DATE STAMP
OF EMPLOYER

10. E-mail

Signature of Employer representative

Signature of ASD or equivalent designation

D) CERTIFICATION BY MEMBER

I declare that the details provided herein are true and correct.

Signature of member

Date

Thumb print
(if a member cannot read/write)

ALL PAGES OF THIS FORM MUST BE COMPLETED IN ORDER FOR THIS FORM TO BE VALID AND ALL THE RELEVANT PARTIES MUST SIGN THIS PAGE.

Employer signature 1

Employer signature 2

Member signature

The certification by the Member is not compulsory as the divorce order is processed based on the court order.

E) PERSONAL PARTICULARS OF NON-MEMBER SPOUSE (EX-SPOUSE)

1. Title 2. Initials 3. Gender M F

4. Surname

5. First Name (s)

6. Maiden Name

7. Date of Birth 8. ID No / Passport No.

9. Income Tax No

10. Postal Address

 Postal Code

11. Residential Address

 Postal Code

12. Tel No 13. Cell No

14. E-mail

NOTE!!!

- 1. Please refer to the Checklist for Divorce Z103 for assistance.**
- 2. Non-member spouse refers to the ex-spouse of the member.**
- 3. If more than one non-member spouse, a separate page 3 of this Z103 must be completed for each non-member spouse.**

ALL PAGES OF THIS FORM MUST BE COMPLETED IN ORDER FOR THIS FORM TO BE VALID AND ALL THE RELEVANT PARTIES MUST SIGN THIS PAGE.

Employer signature 1 Employer signature 2 Member signature