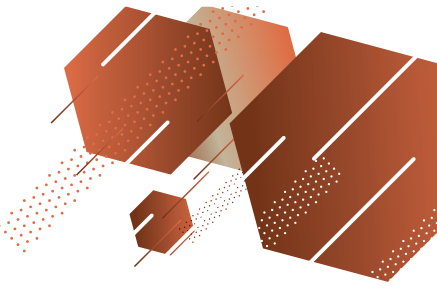


GEPF SELF SERVICE REGISTRATION FORM



Kindly complete the form to update your details for Self-Service registration.

For any enquiries, please email us at selfservicesupport@gpaa.gov.za

SURNAME _____ INITIALS _____ TITLE _____

ID NUMBER _____

PENSION NUMBER _____

CELL NUMBER _____

EMAIL ADDRESS _____

RESIDENTIAL ADDRESS _____

POSTAL ADDRESS _____

Postal Code _____

MEMBERSHIP TYPE:

MEMBER

BENEFICIARY

PENSIONER

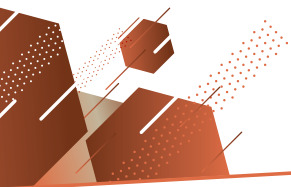
SIGNATURE _____

DATE: _____

I hereby authorise the GEPF to use my contact details for use in administering my benefits.

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