PRIMARY SCHOOL TEACHERS' PROVIDENT FUND

"Mutuality – Goodwill – Support"

MEMBERSHIP APPLICATION FORM

To,
The Secretary of the PSTPF
50, St. Georges Street, Port Louis
Phone No. 208 4456
Fax : 210 9809

Date: …….

I agree (i) to abide by the Rules and Regulations governing the PSTPF
(ii) that my entrance fee and monthly subscription and any other subscription be deducted from my salary and paid into the account of the Fund

(1) SURNAME (Mr./Mrs./Miss) :……..

(2) Other names : ……

(3) Maiden name (Where applicable) : …….

(4) Address : ……...

(5) Date of birth : ……Tel No. Res.……..Mob……..…Off……..

(6) Designation :…….(Govt / RCA). E.mail Add :……...

(7) Date of first Appointment in the service : …….

(8) Name of present school : ……...

(9) Marital Status: ……. Paysite Code: …….

(10) P.F. No……..Social Security No…… I D No……

(11) Present appointment : ……...(T/ST/DHT/HT)

(12) General Purpose / T.A.L : ……..……...

(13) Person (s) to whom grants should be paid in case of death :

……

Address :……

……

Your application should be accompanied by a photocopy of your appointment letter & salary slip

Date : …… Signature of Applicant…….……

FOR OFFICE USE ONLY

Decision of Committee :……

Date Admission : ……...

Remarks :……

President :…….. Secretary……..…… Treasurer ……