

**SOUTH AFRICAN DENTAL TECHNICIAN EMPLOYEES PENSION FUND
AND DISABILITY SCHEME
APPLICATION FOR MEMBERSHIP AS A PARTICIPATING EMPLOYER**

Name of
laboratory.....

The laboratory owner hereby applies for membership as participating employer in the South African Dental Technician Employees Pension Fund and Disability Scheme.

The laboratory owner hereby undertakes to ensure every new technician employed to join the fund.

The laboratory owner further undertakes to collect the required contributions from the members on a monthly basis and to remit such amounts together with the employer's contributions to the Fund, so as to reach the Fund before the 7th day of the following month.

Signed at.....on behalf of the laboratory on this.....day of
.....20....

.....
OWNER

NAME (BLOCK LETTERS)

The postal address of the laboratory is as follows:

.....
.....
.....

For additional information the fund's administrators may contact:

Name:
Telephone number
Fax number:
E-mail