

INSTALLATION FORM – UMBRELLA FUND (TYPE B)

Fund Choice and Employer Details

Full Name of Fund

Name of Participating Employer

Employer Details and Inception Date

Registered Name of Employer

Scheme Start Date Company Registration Number

Please attach a copy of the employer’s letterhead and if the below information is not clearly visible thereon kindly complete:

Physical Address

Postal Address

Postal Code _____

Postal Code _____

Trading name of organisation <i>(If different from above)</i>	
Type of legal entity your organisation is	Company <input type="checkbox"/> Close Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/>
Notice of registered office CM22 or founding statement <i>(ck1 or ck2) (Copies to be attached)</i>	
Physical address if different from the above registered address <i>(Attach any document which will verify the current physical address, for example lease/rental agreement, tax invoice, account, utility bill, etc.)</i>	
State if the above organisation is the principal employer, a subsidiary employer or an associated employer	
Name under which organisation trades	
Employer tax number	
Employer P.A.Y.E number	
VAT registration number <i>(if applicable)</i>	
Industry	
Nature of business/operation	

Primary sources of income (tick appropriate box below):

1. Investments
2. Fees
3. Income from operations
4. Donations
5. Other (please specify) _____

Please list your directors/members/partners/owners below (as applicable):

FULL NAME	ID NUMBER

Important note - For a **public company**, please attach a copy of latest financial statements and letterhead.

For **non-listed organisations**, please list any shareholder who holds more than 20% in your organisation:

FULL NAME	ID NUMBER OR COMPANY /CLOSE CORP. REFERENCE NO.

Authorised Signatory and Employer portal users

The person stated below is authorised to receive documents and information from SA Quantum Employee Benefits and provide documents and information to SA Quantum Employee Benefits on behalf of the employer, which is necessary to administer the scheme. This person is also authorised as a super-user for the employer portal, which means that they will be required to notify SA Quantum Employee Benefits if there are any changes to the level of access required for employer portal users, if new users must be added or any users are to be removed.

Authorised Signatory

Title	<input type="text"/>	First Name	<input type="text"/>
Surname	<input type="text"/>	ID Number	<input type="text"/>
Email Address	<input type="text"/>	Telephone No.	<input type="text"/>
Cellphone	<input type="text"/>		

The authorised signatory is required to complete the form entitled **Mandate of Authorised Person(s) and Signatories** to gain access and use the facilities available on the employer portal. You may also wish to assign access to additional employer portal users, this includes authorisation of additional users to either view or change information, load claims and confirm the contributions and premiums for each month, and/or assign a 2nd Authoriser for the purpose of claim submissions and payment of the contributions and premiums.

Transfers from previous fund (Section 14)

Complete this section if assets are to be transferred from a previous fund to the new fund as mentioned above (Section 14).

Name of previous fund / scheme	<input type="text"/>		
Administrator	<input type="text"/>		
Name and surname of contact person	<input type="text"/>		
Email address	<input type="text"/>		
Telephone	<input type="text"/>	Cellphone	<input type="text"/>

Person liable for payment of retirement fund contributions

The Pension Funds Act (the Act) requires that funds request employers to advise them who the person is that will be held personally liable for ensuring compliance with section 13A of the Act. This includes the deduction and payment of contributions, submission of the reconciliation and ensuring that contributions and reconciliations are submitted to the fund on time. If the employer does not nominate a person responsible for making sure that contributions are paid, the MD or FD of the company (if the employer is a company), all the members of a close corporation (if the employer is a CC) or all persons of the governing body of the employer who are regularly involved in the management of the overall financial affairs, will be held liable if contributions are not paid.

Responsible Person

Title	<input type="text"/>	First Name	<input type="text"/>
Surname	<input type="text"/>	ID Number	<input type="text"/>
Email Address	<input type="text"/>	Telephone No.	<input type="text"/>
Cellphone	<input type="text"/>	Designation	<input type="text"/>

Declaration by Employer

I, the undersigned authorised person of the Employer hereby confirm that all information supplied on this form is true and correct to the best of my knowledge. You are also confirming that the employees have been informed in writing of the eligibility requirements, contributions that will be paid and the benefits that will be provided according to this accepted quotation and the accompanying "Your quote in detail" booklet and that if members are joining from another fund they have been informed of the impact of the transfer.

Signed at on this day of 20__.

Authorised Person
Signature

Full First Name

Surname

Designation

To be signed by the managing director or financial director of the employer

Company Stamp

The following must accompany this document:

Company Letterhead

Mandate of Authorised Person(s) and Signatories Form

Certified ID Document for Authorised Signatory

Disclaimer

Personal Information (PI) requested in this form is mandatory for operational and administrative processes, and to comply with regulatory requirements. If the mandatory information is incomplete, your request may not be processed. Southern Africa Quantum Employee Benefits will take all reasonable steps to ensure that the PI collected on this form is processed responsibly, kept safe and confidential, and does not unjustifiably infringe your privacy.



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