

Transparent Financial Services  
Lakefield Office Park Building C, First  
Floor 272 West Avenue Die Hoewes  
Centurion, 0163

Kindly complete and return to Transparent Financial Services (Pty) Ltd:

Email address: [update@transfin.co.za](mailto:update@transfin.co.za)

Tel: 012 338 2000

**MEMBER RECORD UPDATE FORM**

**REQUEST FOR CORRECTION OF PERSONAL INFORMATION IN TERMS OF SECTION 24(1) OF THE PROTECTION OF  
PERSONAL INFORMATION ACT, 2013 (ACT NO. 4 OF 2013)**

**REGULATIONS RELATING TO THE PROTECTION OF PERSONAL INFORMATION, 2017**

[Regulation 3(2)]

*Note:*

*If a 3<sup>rd</sup> party is making the request on behalf of the member, please complete the addendum on page 2.*

Member Number: \_\_\_\_\_

**Request to:**

Update the member's personal information on the records of PIPF/SNPF with the Funds' Administrator (TFS).

MEMBER DETAILS	
Surname:	
Full names:	
Identity number: (Please attach a copy)	
Contact Address:	
Contact number(s):	
E-mail address:	

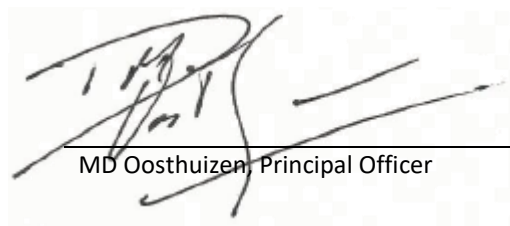
**PLEASE TICK THE BOX OF THE FUND THAT YOU BELONG TO.**

Printing Industry Pension Fund for SATU Members	<input type="checkbox"/>	SATU National Provident Fund	<input type="checkbox"/>
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Thank you for updating your records!

Member Signature \_\_\_\_\_

Date signed: \_\_\_\_\_

  
MD Oosthuizen, Principal Officer

**Principal Officer:** MD Oosthuizen  
**FSCA Registration No:** 12/8/23803/2 & 12/8/30549/2

**Trustees:** P Lacy (C) • AM Mahomed • CD Conradie • S Lange • CH Bösenberg (I)  
NL Hoff • FE Fouché • H Mahomed • X Mavuso • PG Myburgh (A)

**ADDENDUM  
GIVING CONSENT TO A THIRD-PARTY TO ACT ON BEHALF OF THE MEMBER**

REQUEST FOR *UPDATING* OF PERSONAL INFORMATION IN TERMS OF SECTION 24(1) OF THE PROTECTION OF PERSONAL INFORMATION ACT, 2013 (ACT NO. 4 OF 2013)

**BY A PERSON (THIRD PARTY OR AGENT) ACTING ON BEHALF OF THE MEMBER**

*Note:*

*Only complete this Addendum IF the request is made by another person (3<sup>rd</sup> party/agent) acting on behalf of the Member.*

Member Number: \_\_\_\_\_

DETAILS OF 3 <sup>RD</sup> PARTY/AGENT AUTHORISED TO ACT ON BEHALF OF THE MEMBER	
Surname:	
Full names:	
Identity number: (Please attach a copy)	
Contact Address:	
Contact number(s):	
E-mail address:	

The 3<sup>rd</sup> party/agent must provide proof for the reason why this request was made to the Administrator.

Thank you for updating your records!

\_\_\_\_\_  
Member Signature

Date signed: \_\_\_\_\_

\_\_\_\_\_  
3<sup>rd</sup> Party/Agent Signature

Date Signed: \_\_\_\_\_

  
\_\_\_\_\_  
MD Oosthuizen, Principal Officer