



CONFIRMATION OF CONSENT TO BE INCLUDED IN EPPF'S DECLARATOR APPLICATION TO REGULARISE MEMBERSHIP OF THE FUND

Date: ____/____/2026

Physical address: _____

I _____
(full names as they appear in your ID), with ID number:
_____, am associated with EPPF as a:

Please choose the **ONE** option that applies to you:

- I am the main member.

My membership number is _____.

OR

- I am a beneficiary.

If you are completing this form as a beneficiary, please provide the detail below:

- The main member's name and surname _____
- The main member's membership number is _____

- Name and surname, and contact details of other beneficiaries of the main member that you are aware of:
 - Name and surname: _____
 - Cellphone number: _____
 - Physical address: _____

I hereby confirm that I disclose the details of the abovementioned beneficiary with his/her consent.

Please choose the **ONE** option that applies to you:

- As a member, I confirm that I give consent to be included in the court application to be launched by the Fund to regularise my membership.

OR

- As a beneficiary, I confirm that I give consent to be included in the court application to be launched by the Fund to regularise the main member's membership.

Please choose the **ONE** option that applies to you:

- As a member, I confirm that I **do not** have any documentation, or do not have sufficient documentation, or documentation that can reasonably be relied upon for the purposes of the litigation, that can support or confirm that I was eligible to participate in the Fund at the time of my admission as a member of EPPF.
- As a beneficiary I confirm that I **do not** have any documentation, or do not have sufficient documentation, or documentation that can reasonably be relied upon for the purposes of the litigation, that can support or confirm



that the main member was eligible to participate in the Fund at the time of their admission as a member of EPPF.

I confirm that EPPF has consulted me and explained the declarator process to me and that I give this consent with full understanding of the process to be undertaken by the Fund.

I also consent to the Fund and/or the Fund's legal representatives communicating with me throughout the process of obtaining the declarator application.

I further confirm that I consent to the Fund sending all court documents relating to the declarator to my email address including the service of any documentation initiating litigation in the declarator.

My email address is: _____.

My cellphone number is: _____.

Please provide a relative's contact details should EPPF not be able to contact you on your primary email address:

Relative's name and surname: _____

Relationship to you: _____

Email address: _____

Cellphone number: _____

Signed at _____ on
_____/_____/2026.

Your name and surname: _____

Signature: _____

Please note that if you intend to print and email this form to EPPF, you need to also include a clear certified copy of your ID. Please include the front and back of your ID if it's a smart ID.



The completed and signed form, together with a copy of your certified ID, must be emailed to declare@eppf.co.za

