

TRANSFER OR SECONDMENT OF AN EMPLOYEE FORM (M5.10)



Who must complete this form?

The member and Employer must complete this form when an employee transfers to another Associated Employer, Operation or Section or when a secondee transfers in or out of South Africa.

Please return this form via email to registrations@dbbs.co.za.

SECTION A: MEMBER'S PERSONAL DETAILS

TRANSFER BETWEEN ASSOCIATED EMPLOYER/OPERATION/SECTION		TRANSFER OF RSA SECONDEE	
Surname			
First names		Member number	
Identity number		Date of birth	
Passport number (if available)		Country of issue	

SECTION B: DETAILS OF CURRENT ASSOCIATED EMPLOYER/OPERATION/SECTION MEMBER IS TRANSFERRED FROM

Current associated employer/operation/section	
Date commenced work	
Country where member is currently resident (home base)	
Address of current associated employer/operation /section	
	Code

SECTION C: DETAILS OF OPERATION/SECTION TO WHICH MEMBER IS TRANSFERRED TO

Transferred / seconded to		Date commenced work	
Country where member is currently resident (home base)			
Address of operation/section		Code	

SECTION D (TO BE COMPLETED BY THE EMPLOYER)

This member is eligible to receive a post-retirement medical aid contribution from the Employer: %

This member is not eligible to receive a post-retirement medical aid contribution from the Employer

I authorise the De Beers Benefit Society to pay any medical expenses for me or my dependants in line with the Society's rules. I agree to repay these amounts to the Society, without interest. I also accept that a statement signed by the Manager of the Society will serve as proof of any amount I owe.

Member's signature _____

Date

HR Officer's signature _____

Date

Witness' signature _____

Date