

M5.10 Transfer or Secondment of an Employee



To be completed when an employee transfers from one Associated Employer/ Operation / Section to another, and for secondees transferring in or out of the RSA

SECTION A – MEMBER PERSONAL DETAILS																					
TRANSFER BETWEEN ASSOCIATED EMPLOYER/OPERATION/SECTION			<input type="checkbox"/>			TRANSFER OF RSA SECONDEE			<input type="checkbox"/>												
SURNAME																					
FIRST NAMES																					
ID NUMBER												DATE OF BIRTH		Y	Y	Y	Y	M	M	D	D
PASSPORT NUMBER IF APPLICABLE									COUNTRY OF ISSUE												
MEMBER NUMBER																					
SECTION B – DETAILS OF CURRENT ASSOCIATED EMPLOYER/OPERATION/SECTION MEMBER IS TRANSFERRED FROM																					
CURRENT ASSOCIATED EMPLOYER/ OPERATION/SECTION TRANSFERRED FROM																					
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										<input type="checkbox"/> _____ %											
THIS MEMBER IS <u>NOT</u> ELIGIBLE TO RECEIVE A POST RETIREMENT MEDICAL AID CONTRIBUTION FROM THE EMPLOYER										<input type="checkbox"/>											
AUTHORISATION																					
<p>I hereby authorise and empower the De Beers Benefit Society to make payment for and on my behalf of all medical expenditure incurred by me, or my dependants, in terms of the rules of the Society, which I hereby agree and undertake to repay to the Society free of interest, and hereby accept a statement signed by the Manager of the Society as proof at all times, of the sum or sums owing by me to the Society. I further acknowledge and accept the Privacy Policy as published on the Society’s public website.</p>																					
MEMBER	DATE																				
	SIGNATURE																				
WITNESS	NAME																				
	DATE																				
	SIGNATURE																				
HR OFFICER	NAME																				
	DATE																				
	SIGNATURE																				