

**GOVERNMENT SERVICES EMPLOYEES ASSOCIATION**

Unity House, 107A Royal Road, Beau Bassin

**PROVIDENT FUND**

**ADMISSION FORM**

SURNAME: ..... OTHER NAMES: .....

RESIDENTIAL ADDRESS: .....

.....

DATE OF BIRTH: ..... MARITAL STATUS: .....

GRADE: ..... MIN/DEPT: .....

N.I.C: ..... PAY SLIP NO: .....

NAME AND ADDRESS OF PERSON TO WHOM GRANT IS PAYABLE IN THE EVENT OF DEATH OF MEMBER:

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DECLARATION: I declare to be conversant with the rules of the GSEA Provident Fund and adhere to them.

DATE: .....

SIGNATURE: .....

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**FOR OFFICE USE**

Serial No.....

Age verified .....

Membership verified.....

Date of 1<sup>st</sup> contribution.....

Receipt No.....

Membership card issued on.....

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Secretary/Treasurer