

APPLICATION FOR MEMBERSHIP
THE PILLAY SUPERANNUATION FUND

I, **Kantha Pillay**, being eligible to be a member:

1. apply for admission to membership of the above fund;
2. agree and consent to be bound by the Trust Deed of the Fund; and
3. agree and consent to the Trustees acting as trustee of the Fund.

I acknowledge that I understand the terms and conditions of my membership and have been informed of my rights and the rights of my dependents under the Trust Deed.

DATED

01st July 2010

Kantha Pillay

Name



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Signature

19 Griffiths St

Henley Beach SA 5022

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Address

NURSE

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Occupation

27/02/1968

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Date of Birth