GQM
Fund Administrators (Pty) Ltd
Quality Managed Retirement Fund Administration Services

Paypoint Details

Fund Name			
Employer Name			
Paypoint 1 Details			
Paypoint name			
Contact person			
E-mail address			
Telephone no.		Fax no.	
Business address		Postal address	
Paypoint 2 Details			
Paypoint name			
Contact person			
E-mail address			
Telephone no.		Fax no.	
Business address		Postal address	

Paypoint Details

Employer Authorised Signature _____

Date _____

Disclosure of information

GQM and the fund understand privacy and the confidentiality of personal information. If required, we may disclose your personal information to 3rd parties. These 3rd parties are insurance and service providers who are involved in the delivery of products or services to you. The same strict confidentiality standards are imposed on 3rd parties. Signing of this form confirms acknowledgement and consent to the above. We will treat personal information with caution and have security measures in place to protect it. The information provided will be used for intended purpose only. Such purposes include fund and related communications. We may also disclose your information:

- Where we have a duty or a right to disclose in terms of law or industry codes;
- Where we believe it is necessary to protect our rights.
- Where the person signing this document is someone other than the person whose personal information is being supplied, such signatory confirms that the necessary consent has been obtained to supply personal information and that the information is true and correct.