



Application for Last Will and Testament

Our Mission: To protect and advance our members' interests | To offer value-for-money benefits | To provide service of the highest order

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PLEASE SUBMIT YOUR APPLICATION VIA RETURN MAIL, FAX OR E-MAIL

Date			Member Number		
Please ✓ the applicable box					
<input type="checkbox"/> Last Will and Testament			<input type="checkbox"/> Living Will		
Language Preference			<input type="checkbox"/> English	<input type="checkbox"/> Afrikaans	
MISA Member 's Details					
Surname					
First Name					
Identity Number					
Work Telephone Number					
Home Telephone Number					
Cell phone					
E-mail	Work:				
	Personal:				

I consent in terms of Act 4 of 2013 (Protection of Personal Information Act): I hereby authorise MISA or its designated agent, to process my personal information (as per my membership application form as well as this application form) as well as to provide the necessary information of my MISA membership to MIBCO and my employer in so far as it is necessary to protect and/or execute my interests and/or those of MISA.

PLEASE INFORM US OF ANY CHANGES IN RESPECT OF YOUR TESTAMENT

IT IS ADVISABLE TO REVISE YOUR TESTAMENT EVERY SECOND YEAR