

EMPLOYER / BENEFIT CONSULTANT
APPLICATION/ REGISTRATION for A WEB USER: RFS ADMINISTRATORS

Login Name		
Surname & Initials		
ID Number		
Profile user (Select)	Consultant	
	Employer Representative	
Capacity		
E-Mail Address		
Name of Pension/ Provident Fund		
Employer Access Request. (List the employers)		
Application Date		

• **AUTHORISATION / CONFIRMATION by COMPANY/ CONSULTANT**

Surname & Initials			
Consultancies Name			
Designation			
Company Consent	Name	Surname & Initials	Designation

Signature _____