

The Director The Director The Director The Director Other
 Salary Service Bureau. Army Pay and Records. Airforce of Zimbabwe. Gvt Pensions Office.
TY30

SURNAME	FIRST NAME (s)

NATIONAL ID NO;																					MEMBERSHIP NO;																				
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NAME OF EMPLOYER			
CELLPHONE NUMBER		EMAIL ADDRESS	

EMPLOYMENT CODE (EC) NUMBER													TRANSACTION TYPE (Tick)		
													NEW	CHANGE	DELETE

Select Plan your Adult Dependants or other extra beneficiaries under 18 should be covered, by ticking a box below.

SCHEME	TICK	PAYEE CODE OR DEDUCTION CODE (for official use only)	US\$		Cents	
Standard Plan						
Optimum Plan						
Executive Plan						

Standard Plan: Adult Dependant rate - **US\$10** and Extra Child - **US\$7.50**
Optimum Plan: Adult Dependant rate - **US\$15** and Extra Child - **US\$11.25**
Executive Plan: Adult Dependant rate - **US\$30** and Extra Child - **US\$22.50**

I hereby authorize the deduction of the monthly subscriptions and any arrears due for my adult dependants or other extra beneficiaries under 18 from my salary for remittance to the Society from

Date to Date

Member's Signature Date

All public sector members with adult dependants and extra children on PSMAS cover are required to complete this TY30 form and send it back to contactus@psmas.co.zw or contact 08688002635 for more information.

MEMBERSHIP STOP ORDER FORM

MEMBERSHIP NUMBER ----- EC NUMBER-----

MEMBER'S NAME AND SURNAME-----

NATIONAL IDENTITY NUMBER----- DATE OF BIRTH-----

MEMBER'S ADDRESS-----

CELLPHONE NUMBER-----LANDLINE-----

E-MAIL ADDRESS-----

BENEFICIARIES TO BE REGISTERED

Full Name	Date of Birth	Identity number	M	F	Relationship	Cell:	Plan

BENEFICIARIES TO BE REMOVED

Full Name	Date of Birth	Identity number	M	F	Relationship	Cell:	Plan

MEMBER'S SIGNATURE -----

DATE-----