To: The Secretary	
Rodrigues Government Employees Association (RGEA)	Date:
Dear Miss/Mrs./ Mr.	

I have the pleasure to inform you that I am desirous to join the RGEA, the Benevolent fund, the Provident and Medical Fund and to be bound by their Rules with which I am conversant.

FULLNAME:		
POST HELD:		
ADDRESS :		
COMMISSION/DEPARTMENT:		
COMMISSION/DEPARTMENT'S ADDRESS:		
DATE OF BIRTH:	PHONE:	
EMPLOYEE CODE:	EMAIL:	

Signature of applicant:

BENEVOLENT FUND PROVIDENT AND MEDICAL FUND

NAME OF CHILDREN	SEX	DATE OF BIRTH

NAME OF OTHER DEPENDANT*	ADDRESSE	
*Applicable to Benevolent Fund member with I	marital status single and with no children	
NAME OF WIFE/COCUBINE/HUSBAND/PARAMOUR: ID:		
NAME OF PERSON TO WHOM GRANT SHOULD BE PAIL MEMBER:	D IN CASE OF DEATH OF	

ID

Declaration: I hereby declare to be conversant with the rules of benevolent fund, Provident and Medical fund and therefore adhere to them.

Date:	
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Signature:

RODRIGUES GOVERNMENT EMPLOYEES ASSOCIATION

Tel:8311732/8324503 Fax:8311732

Email: rgea@rgea.org / rgearod@intnet.mu

The Manager Financial Operations

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Sir/Madam,

NOTICE TO EFFECT DEDUCTION OF DUES

Please find hereunder a written notice in respect of Mr./Mrs./MissSubmitted in accordance with check-off agreement as per part V sub part C of the Employment Relations Act 2008 as amended. Kindly ensure submission of relevant RCPS to the Finance Section.

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for Secretary

PARTICULARS

Name:
Designation:
Site of Work:

CHECK-OFF AUTHORISATION

I,hereby authorize my employer to deduct a sum of RSeach month with effect from the month ofand pay over the amount to the RODRIGUES GOVERNMENT EMPLOYEES ASSOCIATION.

It is Understood that:

- (a) the above mentioned amount should not be altered unless my trade union submits another fresh written notice of alteration to you ,in accordance with section 45 (c) of the Employment Relations Act 2008 as amended.
- (b) The above notice shall cease to have effect on the last day of the sixth month following the month in which a written notice approved by my trade union is given to you to notify you of my intention to cease to pay dues to the trade union.

RECAPITULATION

Entrance Fee to be deducted for month of Normal monthly deduction ongoing RS

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Signature of Union

Signature of Employee