



CONTINUATION INCOME CONFIRMATION

www.wcmas.co.za
wcmas@wcmas.co.za

All Continuation and widow members are required to complete this form in full every year. Form can be sent back to us on membership@wcmas.co.za no later than 30 April 2026 with proof of monthly income (bank statement or statement from pension fund).

Please complete all sections on the form

Membership Number

1. **What is the primary purpose of the study?**

| | | | | | | | | | | | | |
|---|--|---------|--|---|--|----------|--|--------------------|--|-------|--|-------|
| 1. Personal information | | | | | | | | | | | | |
| Identity / passport number: | | | | Effective date of becoming a CAWM member: | | | | | | | | |
| Employer from whom retired: | | | | | | | | | | | | |
| Income tax reference number: | | | | | | | | | | | | |
| Ethnic Group: | | African | | Asian | | Coloured | | Indian | | White | | Other |
| 2. Contact detail (Please confirm even if unchanged) | | | | | | | | | | | | |
| Postal Address | | | | Residential Address | | | | | | | | |
| | | | | | | | | Cell phone: | | | | |
| | | | | | | | | Tel: (H) | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | Next of kin: | | | | |
| (Code) | | (Code) | | | | | | Tel (Next of kin): | | | | |

E-mail address:

| | | |
|--|--|--|
| 3. Income category (Please confirm even if unchanged) | | |
| Monthly pension (before deductions): | | Please attach proof of income |
| Monthly salary (if still employed): | | |
| Other income (Specify): | | |
| Total income: | | |

**Please attach
proof of
income**

5. Third party consent

If someone other than yourself will be attending to your affairs, kindly provide **their** details below. This also serves as your consent to allow WCMAS to provide such third party with your personal information on their request. Please attach an ID copy of nominated Third Party person with this form:

| | | |
|----------------|-----------------------------|-----------------|
| Full names: | Identity / passport number: | |
| Postal Address | Residential Address | Cell phone: |
| | | Tel: (H) |
| | | Tel: (W) |
| | | Fax: |
| (Code) | (Code) | E-mail address: |

Member's Signature

Date