



Revolutionary Transport Union of South Africa

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✉
PO Box 2446
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retusaunion@telkomsa.net

retusa-union.org

REGION/LOCAL: _____

SURNAME: _____

SAP/CLOCK NUMBER: _____

ID NUMBER: _____

GRADE: _____

RESIDENTIAL ADDRESS: _____

POSTAL CODE _____

HOME TEL: _____

CELL NUMBER: _____

UNION SECTOR: _____

FIRST NAMES _____

GENDER: MALE/FEMALE: _____

STATION/DEPOT: _____

DEPARTMENT: _____

COMPANY POSTAL ADDRESS: _____

POSTAL CODE _____

COMPANY TEL NO _____

COMPANY FAX NO _____

I, the undersigned promise to abide by the Constitution, policies and decisions of the union. I undertake not to bring the union into disrepute.

Date Application Signed: _____

Signature: _____

Durban Office 14-01A Metlife Building 391 Anton Lembede (Smith) Street Durban 4001 +27 72 710 8241	Johannesburg Office 417 Elephant House 107 Albertina Sisulu Street Johannesburg 2000 +27 77 367 1278	STOP ORDER AUTHORIZATION FORM <div style="background-color: #800000; color: white; text-align: center; padding: 5px;"> Revolutionary Transport Union of South Africa </div> email: retusaunion@telkomsa.net info@retusa-union.org	Postal: PO Box 2446 Durban 4001
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Surname: _____

First Names: _____

Company Name: _____

Station/Depot: _____

SAP/Clock Number: _____

ID Number: _____

Worker Pension Number: _____

Department: _____

Grade: _____

I, the undersigned, hereby authorize my employer to deduct from my basic wage or salary subscription or levies payable by me to RETUSA or its successor in title ("the union") in terms of Section 13 of the Labour Relations Act No.66 of 1995, as amended ("The LRA"). The amount of the union's subscription that I authorise the employer to deduct from my salary or wage is R100. I also authorize the employer to deduct from my wage or salary and pay over to the union any further levies that the National Executive Committee of the union decides upon.

The employer is required to pay all subscriptions and levies deducted from my wage or salary to the union's office, whose address appears above, by no later than the 7th day of the first month following the date each deduction was made. I hereby authorize the employer to provide the union with any information that is requested by the National Executive Committee of the union, including any information relating to my employment and membership of the union.

If I cancel this authorization as a result of my resignation from the union, then I agree that the cancellation of this authorization will only be valid: (a) four weeks after I have given the union written notification of my resignation; and (b) after I have complied with all the relevant provisions of the union Constitution. I hereby terminate any other deduction, authorizations of subscriptions for any other union to the employer on my salary or wage in terms of Section 13 of the LRA

Member Signature _____

Witness Signature _____

Date of Application _____



www.retusa-union.org

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