

FAMILY / RELATIVE DETAILS FORM – BMW SA (Pty) Ltd PLEASE NOTE: This information is essential and the form needs to be completed in BLOCK letters Confirm Y or N M a F e m a l Code Fund Nominee Funeral Nominee **Birth Date First Names** Last Name (Surname) **Country of Birth Nationality Identity Number** Ref е (YYYY/MM/DD) **** е DS Seleka Matabologa 19611122 South Africa South African 6 1 1 1 2 2 5 6 2 9 0 8 11

Code Reference ******												
1	Spouse	8	Related Person	11	Father	14	Child of Partner	18	Guardian			
2	Child	9	Common Law Spouse	12	Mother	15	Registered / civil Partner	19	Replacement Parents			
6	Step Child	10	Divorced Spouse	13	Domestic Partner	16	Mother/Father In law	20	Pension Beneficiary			

I agree that the details submitted in this form are true and correct in all respects.

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Name of Employee	Moshe Matabologa	COID	624157	Signature	Time	Date	2024/01/12