

## DISCONTINUATION OF SERVICE FORM

### A. PERSONAL DETAILS

Employee Number ..... Last working day .....

Department .....

Reason for leaving employment (e.g. resignation/retrenchment/dismissal)  
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Name..... Surname..... Title .....

Date of birth ..... ID/passport number .....

Telephone number (h) ..... Cell phone number .....

Telephone number (w) ..... Email address .....

### B. HANDLING OF RETIREMENT FUND BENEFIT

More information on the various options pertaining to your retirement fund benefit is available on the [Stellenbosch University Retirement Fund](#) website.

Please contact our Client Service Centre on 021 808 2753 or [sun-e-hr@sun.ac.za](mailto:sun-e-hr@sun.ac.za) to make an appointment with our retirement fund benefit counselor to discuss the various options.

### C. OTHER BENEFITS

If any of your other benefits such as your medical scheme cover or gap cover was facilitated through Stellenbosch University, please remember to make arrangements with regards to continuing with the products should you wish to continue with the products.

**D. RETURNING UNIVERSITY PROPERTY**

Any of the following items in my possession will be returned to the relevant divisional/departmental head before my last day of employment.

- Keys
- Clothing, such as uniforms
- Identification card/access permit
- Any other university property


Arrangements have been/are being made for the above items to be returned before my last day of employment.

**E. INFORMATION TECHNOLOGY**

Access to all Stellenbosch University systems will be revoked, including access to your @sun.ac.za e-mail. Arrangement must be made to remove all private content from all electronic equipment before the last day of work. Once access is revoked, information cannot be retrieved.

.....  
DATE

.....  
SIGNATURE

**F. DIVISIONAL HEAD / DEPARTMENTAL CHAIRPERSON**

Comments

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DATE

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SIGNATURE