MEMBER ONLINE SELF-SERVICE REGISTRATION FORM

Section 1: Member Details

Member Number: | | | | | | | | Payroll Number:

Given Name: Surname:

Date of Birth: | | | | | | | | Male: ☐ Female: ☐ Marital Status:

Village: District: Date started Work: | | | | | | | |

Mobile No.: | | | | | | | | Email Address:

Employer Code: | | | | | | | Employer Name:

Postal Address:

Section 2: Text Bal Service Access

Please tick the appropriate box to indicate whether you would like to access your membership details via the NASFUND Text Bal Service.

Text Bal Access? ☐ Yes ☐ No

Section 3: Member Online Access

Please tick the appropriate box to indicate whether you would like to access your membership details via the NASFUND Member Online Portal.

Member Online Access? ☐ Yes ☐ No

Method of User Credential Notification: ☐ SMS ☐ Email ☐ Both

Section 4: Authorisation

I, _____ certify that all the information written/typed by me or on my behalf has been read to me and is true and correct in every particular.

Signature of Member: Dated: | | | | | | | | |

Once Complete, send to: Email: online@nasfund.com.pg

NASFUND Online Service
P.O. Box 5791
BOROKO
National Capital District