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

Phone: 1588 | Email: help@nasfund.com.pg | Website: www.nasfund.com.pg

Visit your nearest NASFUND Branch for further information