



EMPLOYER DATA UPDATE FORM

Section 1: Employer Details

Employer Code:

Employer Name*:
*Where the company requests a name change, relevant supporting documents are required.

Postal Address: Payroll Software:

Street Name: Suburb:

Bank Business Account Held: ANZ: BSP: Westpac: Kina: Other (specify):

Superannuation Payment Method: Online Direct: Online Interbank: Kundu Pei: Employer Contribution Rate (%):
 Telegraphic Transfer: Direct Deposit: Manual Cheque:

Total Annual Base Gross Salary: K Total number of employees:

Section 2: Contributions and Schedule Remittance Contacts

The following will be our main contacts for NASFUND contributions:

Contact Person 1		Contact Person 2	
Name:	<input type="text"/>	Name:	<input type="text"/>
Designation:	<input type="text"/>	Designation:	<input type="text"/>
Telephone:	<input type="text"/>	Telephone:	<input type="text"/>
Facsimile:	<input type="text"/>	Facsimile:	<input type="text"/>
Email:	<input type="text"/>	Email:	<input type="text"/>

Section 3: Member Update and Benefits Authorised Signatories and Stamp

The following will be our main contacts for NASFUND Member Updates and Benefit Payments:

Name of Authorised Officer 1	Name of Authorised Officer 2	Name of Authorised Officer 3
<input type="text"/>	<input type="text"/>	<input type="text"/>
Designation:	Designation:	Designation:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature:	Signature:	Signature:
<input type="text"/>	<input type="text"/>	<input type="text"/>

NB: Conglomerates with more than the above provided table can cater are allowed to attach an additional list with specimen signatures with the division/subsidiary they represent. The additional list must be stamped and signed by an authorised officer.

I _____ in the capacity of _____, hereby authorise the above following officer(s) to:

- Section 2. Facilitate contribution payments and schedules to NASFUND, and
- Section 3. Verify and endorse current staff member update forms and claim forms for any staff past or present to NASFUND.

Signature:

Employer Stamp Here

Dated: