

Insert ID Size Photo Here

Section 1: Personal Details

Employer Code	Payroll Number	Membership Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Employer Name:	<input type="text"/>	Postal Address:	<input type="text"/>
Given Name:	<input type="text"/>	Surname:	<input type="text"/>
Date of Birth:	<input type="text"/>	Male: <input type="checkbox"/> Female: <input type="checkbox"/>	Marital Status: <input type="text"/>
Village:	District:	Province: <input type="text"/>	
Country:	<input type="text"/>	Date started Work:	<input type="text"/>
Mobile No.:	<input type="text"/>	Email Address:	<input type="text"/>

Section 2: Beneficiary Details

I hereby nominate the persons below to receive the amount standing to my credit in the event of my death: (guardian excludes undersigning members).
 (i) Nominee one 1 (who must be an adult) is thereby declared to facilitate the withdrawal process. (ii) Where all nominees are minor, the guardian facilitates the withdrawal process. (iii) Where the guardian passes on when nominees are minor, nominees will claim entitlements only when they each attain 18 years of age.

Name of Nominees	Nominee Date of Birth	Relationship to Member	Name of Guardian	Percentage
1.				
2.				
3.				
4.				
5.				

Nominee one (1) / Guardian Specimen Signature:

Note: Your total percentage for all nominees must add up to 100%. (Where a member elects more than five nominees, the same form is filled twice).

Section 3: Details of Previous Employer(s)

Name of previous Employer(s) 1. (if any):	<input type="text"/>	Employment Date:	<input type="text"/>
2.	<input type="text"/>	Employment Date:	<input type="text"/>
3.	<input type="text"/>	Employment Date:	<input type="text"/>

Previous NASFUND Member Number:

Section 4: Consent to be Registered for Electronic Services

In ticking the following boxes, I give consent to:

Online
 App
 SMS (Select SMS PIN option. Designate own PIN or Receive system generated PIN)

Section 5: Member Confirmation

I confirm that I have fully understood the contents of this form that was read to me or written by me are true & correct in every particular.

Signature: Dated:

Section 6: Employer Confirmation - To be made by Authorised Representatives only

I confirm that the inserted image above belongs to this person, is a current employee and no alterations were made or noted at the time of signing this form.

Name:	<input type="text"/>	Employer Stamp Here:
Designation:	<input type="text"/>	
Signature:	<input type="text"/>	
	Dated: <input type="text"/>	