



MEMBERSHIP APPLICATION FORM

PERSONAL INFORMATION				
Name:				
Date of Birth:	<i>dd/mm/yyyy</i>		Phone:	
National ID/Passport Number:			PIN:	
PERMANENT CONTACT DETAILS				
P. O. Box:	Code:		City/Town:	
Email:			Phone(s):	
EMPLOYMENT DETAILS				
Current Employer:				
P. O. Box:	Code:		City/Town:	
Email:			Phone(s):	
Date Joined Service:	<i>dd/mm/yyyy</i>	Date Joined Scheme:	<i>dd/mm/yyyy</i>	Payroll No.:
MEMBER'S BENEFICIARY DETAILS				
Names:	Relationship	Age	Proportion	Address
1.				
2.				
3.				
4.				
DECLARATION				
<p>I understand that the Trustees of the scheme have the final discretion to decide who should receive benefits but I request them to act according to my nomination. This nomination cancels and supersedes any previous nominations. I understand that for any of my nominated beneficiaries under the age of 18 at the time of my death, any benefits payable will be paid to my Appointee/Executor/Administrator named Below:</p>				
Name:		Relationship:		
Address:		ID/Passport No.:		
Phone:		Email:		
FOR OFFICIAL USE BY THE EMPLOYER				
<p>I confirm that I have checked the details given by the Employee on this form and that they agree in all respects with our staff records as witnessed herebelow by an authorized signatory</p>				
Name of Signatory:		Date & Stamp:		
Designation:				