



Note: ALL alterations on this form MUST be counter signed by the Customer.

[illegible]

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RESIDENTIAL ADDRESS. (Kindly note that the address & phone number would be used for further correspondence with you)

POSTAL ADDRESS

NOK DETAILS

LAST EMPLOYER DETAILS

BANK PAYMENT DETAILS.

Please note that it is **MANDATORY** to provide us with **ANY** of the following documents below to further validate the bank details provided above. Kindly tick the **correct option** provided.

APPLICATION CHECK LIST FOR PRIVATE.

Please note: We would accept application without Accrued Rights Letter and Agreement for either Programmed Withdrawal/Annuity, but it will not be processed, until they are provided. ONLY applications with complete documents would be processed.

.....
Customer Name.

.....
Customer's Signature & Date
OFFICIAL USE

I here certify that original copies of all documents submitted were sighted by me, and the application was duly completed.

Name of Receiving Officer.

.....
Signature & Date

Branch Telephone Details

✂ _____ ✂

ACKNOWLEDGEMENT--CUSTOMER'S COPY

PEN..... NAME OF CUSTOMER.....

BANK PAYMENT DETAILS.

APPLICATION CHECK LIST

.....
Name of Receiving Officer.

.....
Signature & Date.

.....
Branch Telephone Details

N.B-Customers should ensure they COLLECT and KEEP this acknowledgement for record purpose. Please come along with a copy of witnesses identity card upon visit for benefit breakdown.

For further enquiries please contact us on 01-2800800 or 01-7644463.