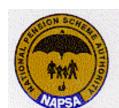
FORM NO. NPS421



NATIONAL PENSION SCHEME AUTHORITY

MEMBER REGISTRATION/AMENDMENT FORM

INSTRUCTIONS

- . Please ensure that you complete all the details. As much as possible avoid abbreviating names. . List down the names of beneficiaries. These should be restricted to spouse and children.

- . Complete the form in **Ink** only and should be in **CAPITAL LETTERS**. . For any change of personal or beneficiaries details, indicate your **Social Security Number**

PART 1	PERSONAL DETAILS						
	SOCIAL SECURITY NUMBER						
N.R.C NO.							
TITLE	Sir Mr Lady Dr. Mrs Ms						
SURNAME							
OTHER NAMES							
MAIDEN NAME							
SEX	(Write 'M' for Male or 'F' for Female)						
DATE OF BIRTH	SINGLE MARRIED DIVORCED WIDOW WIDOWER SEPARATED						
	D D M M C C Y Y						
POSTAL ADDRESS							
POSTAL							
NAME TOWN NAME							
POSTAL CODE	PHONE NUMBER						
FAX							
E-mail							
PART 2 EMPLOYER DETAILS							
EMPLOYER ACCOUNT No.	DATE JOINED EMPLOYER D D M M C C Y Y						
EMPLOYER NAME							
OCCUPATION							
PROVINCE							

PART 3 PARENTS DETAILS							
FATHER'S SURNAME	Į.						
FATHER'S OTHER NA	AMES						
MOTHER'S SURNAMI	E						
MOTHER'S OTHER N	AMES						
PART 4							
	letails of spouse and chi	BENEFICIARIES I		of current	beneficiaries.		
N.H.C NO.	SURINAIVIE	OTHER NAMES	DATE OF BIRTH	SEX	RELATIONSHIP		
DECLARATION	•						
	THAT THE INFORMATION S	UBMITTED ABOVE IS CORRECT	TO THE BEST OF MY KNO	WLEDGE.			
EMPLOVEE	/MEMPED'S SIGNATUDE						
_	WIEWBERTS SIGNATORE			•			
	D M M	C C Y Y					
	MR.C No. SURNAME OTHER NAMES DATE OF BIRTH SEX RELATIONSHIP DECLARATION I DECLARE THAT THE INFORMATION SUBMITTED ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE. EMPLOYEEMEMBER'S SIGNATURE						
BEGISTERED/AMENDED BY							
TILOIST LITED!			D D	М М	CCYY		
SOCIAL SECUI			-				

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