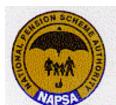
FORM NO. NPS421



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 SURNAMI	E							
FATHER'S OTHER N.	AMES							
MOTHER'S SURNAM	E							
MOTHER'S OTHER N	IAMES							
PART 4		BENEFICIARIES D	ETAII S			_		
Write o	details of spouse and chi	ldren. If there is any change,		of current	beneficiaries.			
N.R.C No.	SURNAME	OTHER NAMES	DATE OF BIRTH	SEX	RELATIONSHIP			
DECLARATION								
I DECLARE	E THAT THE INFORMATION S	UBMITTED ABOVE IS CORRECT T	O THE BEST OF MY KNO	WLEDGE.				
EMPLOYEE	E/MEMBER'S SIGNATURE							
DATE	D D M M	C C Y Y						
		OFFICIAL USE C	<u>NLY</u>					
REGISTERED/	'AMENDED BY		DATE D D	M M	C C Y Y			
SOCIAL SECU FOR NEW RE	RITY NUMBER GISTRATION							

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