



# NATIONAL PENSION SCHEME AUTHORITY

FORM NO. NPS421

## 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  Dr  Mr  Mrs  Lady  Ms  Dr. Mrs

SURNAME .....

OTHER NAMES .....

MAIDEN NAME .....

SEX  ( Write 'M' for Male or 'F' for Female)

#### MARITAL STATUS

DATE OF BIRTH

D D M M C C Y Y

SINGLE
 MARRIED
 DIVORCED
 WIDOW
 WIDOWER
 SEPARATED

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 .....

