



NATIONAL PENSION SCHEME AUTHORITY

MEMBER AMENDMENT FORM

IMPORTANT INSTRUCTIONS

- Ensure that you complete all the sections below.
- Email the completed form together with a copy of your NRC (both sides) to reg@napsa.co.zm

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 for 'F' for Female)

YYYY-MM-DD

DATE OF BIRTH

MARITAL STATUS

- Single Married Divorced
 Widow Widower Separate

MOBILE NUMBER

E-MAIL

TOWNSHIP /

HEADMAN NAME

STREET NAME

HOUSE NO. /

VILLAGE NAME

DISTRICT

DECLARATION

I DECLARE THAT THE INFORMATION SUBMITTED ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE.

YYYY-MM-DD

EMPLOYEE/MEMBER'S SIGNATURE

DATE