



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)

MARITAL STATUS

DATE OF BIRTH

YYYY-MM-DD

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.

EMPLOYEE/MEMBER'S SIGNATURE

DATE

YYYY-MM-DD