



MEMBER DETAIL UPDATE FORM

On completion of the certification by the Head of Employing Department / Authority or Company, this Form must be submitted to the nearest Nambawan Super Ltd Branch. **Please complete form in CAPITAL Letters.**

Section 1: Membership Details and Postal Address

(a) Given Name(s):	<input type="text"/>	(f) NSL Number:	<input type="text"/>
(b) Surname:	<input type="text"/>	(g) Payroll Number:	<input type="text"/>
(c) Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>	(h) Post Office Box:	<input type="text"/>
(d) Mobile Number:	<input type="text"/>	(i) Registered on SMS? YES <input type="checkbox"/> NO <input type="checkbox"/>	
(e) Email Address:	<input type="text"/>		
		If No, write PIN:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Section 2: Beneficiary Details Update

Name of Beneficiary	Relationship to Member	Beneficiary DOB	Percentage
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %

The total percentage for all beneficiaries must add up to 100%. If you run out of space for beneficiaries, please attach a separate nomination list certified by yourself and confirmed by your Human Resources Division

Section 3: PAY VARIATION ADVICE - New Fortnightly Voluntary Contributions

Choose from 0% - 9% Or State a Fixed Amount K

Note: Departments under the ICT ALESCO Payroll System in the Finance Dept should process this deduction under the Voluntary **Contribution Code: BPOSV**. All other contributing employers should have alternate arrangements to show the voluntary portion

Section 4: Previous Employment History

Employer Name	From-To (YEARS)	Payroll Number	NSL or NASFUND Number
1. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 5: Salary Bank Account - Please indicate your Salary Bank Account Details below:

ACCOUNT NAME	ACCOUNT NUMBER	BANK NAME	BRANCH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I certify that all the information written by me is true and correct.

Signature: Date:

Section 6: To be completed by your Human Resource Division

To be completed by HR Manager or nominated Senior HR Officer of CURRENT EMPLOYER

Member DOB:

Date Started Employment:

Date Started Contributing to Nambawan Super:



I, have witnessed that the said form was duly signed by the member.

Designation: Signature: Date: