



### 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):			
(b) Surname:		c) NSL Number:	
(d) Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>	(e) Payroll Number:	
(f) Mobile Number:		(g) Date of Birth:	
(h) Email Address:			
(i) Name of Employer:			
(j) Reliable Address:			

### Section 2: Beneficiary Details Update

Name of Beneficiary	Relationship to Member	Beneficiary DOB	Percentage
			%
			%
			%
			%
			%
			%
			%
			%
			%
			%
			%
			%
			%
			%
			%
			%
			%
			%

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

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

Signature:  Date:

### Section 3: 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: