CHOICE SUPER NEW MEMBER REGISTRATION

Nambawan Super

On completion, this form must be submitted to the nearest Nambawan Super branch with an attached A4 size photo.

Personal details and address

Given name(s)

Surname

Date of birth D D M M Y Y Y Y

Phone #

Gender ☐ Male ☐ Female Mr Ms Miss Mrs

Current address

Preferred email

Province currently living in

Family or beneficiary details

Marital status ☐ Single ☐ Married ☐ De-Facto ☐ Divorced ☐ Separated ☐ Widow/Widower

Name of spouse

Name of beneficiary	Relation to member	Beneficiary DOB	# in %
		D D M M Y Y Y Y	
		D D M M Y Y Y Y	
		D D M M Y Y Y Y	

The total percentage for all beneficiaries must total up to 100%. If you require more space for other beneficiaries, please attach a separate nomination list clearly filled out and signed by you.

Total %

What is your business

Employment status ☐ Formal ☐ Informal

If **Formal** please complete details below.

Employer

Payroll number

Date employed D D M M Y Y Y Y

Employer contact

If **Informal** please provide further details.

(E.g. PMV business, coffee grower etc)

Banking details

Bank name

Account type

Account name

Account number

Branch name

Attach current bank statement

Member contribution agreement

How often do you want to contribute: ☐ Weekly ☐ Fortnightly ☐ Monthly

How much do you wish to contribute: **K**

Minimum deposit of K20.00

Attach deposit receipt

Member declaration

I, certify that all information provided herein was written by myself or on my behalf and was read to me and is true and correct as provided.

Signature

Date D D M M Y Y Y Y

NSL OFFICE USE ONLY

I,

Position

Date D D M M Y Y Y Y

hereby confirm that this form was signed in my presence by the applicant.

Signature

Official stamp

CHOICE SUPER BANK ACCOUNT DETAILS

Account Name: Nambawan Super Limited – Choice Super A/C

Account No. 1013837008 **Bank:** BANK SOUTH PACIFIC

Account Type: Cheque **Branch:** Port Moresby **BSB No.** 088-294

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