



MERGE OF ACCOUNTS



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 CLEAR BLOCK Letters.
*Critical fields to be completed by member

Section 1: Personal Information and Current Employment Details

*Given Name(s)

*Surname *NSL Number:

*Gender Male Female *Payroll Number:

*Mobile Number *Date of Birth: / /

*Email Address

*Name of Employer

*Employer Address

*Residential Address

*Date of employment / / *Date joined Nambawan Super / /

Section 2: Previous Employment Details

*Employer Name From(Year) to (Year) to Payroll Number NSL No:

1. to

*Date of employment: / / *Date joined Fund: / /

Section 3: Member Declaration to Merge Accounts

I _____ hereby request that Nambawan Super merge my accounts. To facilitate this, I have completed the following requirements:

- Completed and signed merge of accounts form
- Confirmation Letter from previous employer or (Exit statement letter)
(employment details - indicate payroll number, date join company and COB date)
- Copy of current payslip
- NSL statement
- Copy of completed **Member Detail Update** form
- ID photo

*Member signature:

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

Date:

Section 4: To be completed by your Human Resource Division

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

Date Started Employment:

Date to join Fund:

Date Started Contributing to Nambawan Super:



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

Position:

Signature:

Date: