



NASFUND CONTRIBUTORS SAVINGS & LOAN SOCIETY

Form SL5

P O Box 7732, BOROKO, National Capital District, Ph: (675) 325 7166, Fax: (675) 325 6347

MEMBERSHIP APPLICATION FORM

Surname: _____ Given Name: _____ NASFUND Membership No: _____

EMPLOYER DETAILS:

Employer Name: _____

Employer Address: _____

Phone: _____ Fax: _____ Email: _____

POSTAL DETAILS:

Private Address: _____ Home Phone: _____

Home Village: _____ District: _____ Province: _____

PERSONAL DETAILS:

Date of Birth: _____ Sex: Male Female Marital Status: Married Single other

Please tick the appropriate box:

- I am not a member of another Savings & Loan Society
 I am a member of another Savings & loan Society. Name of society: _____
 I direct NCSL to close my existing accounting with immediate effect. (Refer Overleaf)

DECLARATION:

I hereby apply to become a member of the NASFUND Contributors Savings & Loan Society Limited.

I agree to pay all charges levied by the Rules of the Society and by any amendments thereof registered in accordance with the Savings & Loan Societies (Amendment Act 1995).

I agree to contribute no less than K20.00 per payment, to the NASFUND Contributors Savings & Loan Society.

NOMINATION OF BENEFICIARIES:

In the event of my death, the net proceeds of my account with the NASFUND Contributors Savings & Loan Society should be dispersed according to my most recent nomination as follows:

Names	Address	Relationship	Percentage

Signature of Applicant: _____

Witness Signature: _____ Name: _____ Date: ____ / ____ / ____

OFFICE USE ONLY:

Date membership application and deduction forms received by Society: ____ / ____ / ____

Approved Rejected Deferred

Date forwarded to PWM: ____ / ____ / ____ Membership number allocated: _____



NASFUND CONTRIBUTORS SAVINGS & LOAN SOCIETY

Form SL1

P O Box 7732, BOROKO, National Capital District, Ph: (675) 325 7166, Fax: (675) 325 6347

SALARY DEDUCTION AUTHORIZATION FORM

To: The Pay Office

NASFUND Membership No:

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I authorize the deduction of K_____ (note: minimum amount of K20.00) from my salary, to be paid weekly/fortnightly/monthly (circle whichever is applicable) to the NASFUND Contributors Savings & Loan Society on my behalf.

General Savings (S1)	Education Savings (S2)	Christmas Savings (S3)	Total
K	K	K	K

NOTE: Members can allocate savings to one or more of the accounts listed above.

Name: _____
Signature: _____
Date: / / _____

EMPLOYER ACKNOWLEDGEMENT:

Signature of Authorised Official: _____
Designation: _____
Date: / / _____

Affix Company Seal Here

NOTE: After completing this Form, send it two (2) WEEKS Before the beginning of the deduction period to:

The Manager
NASFUND Contributors Savings & Loan Society Ltd
P O Box 7732
BOROKO
National Capital District