



membership data update form

Membership Number:	Please tick the appropriate box for amendments
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Personal Details

First Name:	Last Name:	
DOB:	Gender:	Marital Status:
Residing Town:	Phone:	
Mobile:	Email:	
Village:	District:	Province:

Employer Details

Company Name:	Email:
Mobile:	Address:

Nomination Of Beneficiaries

In the event of my death, the net proceeds of my account with ncsI should be disbursed according to my nomination(s) as follows;

Member No	Address	Relationship	Percentage 100%

Name:	Signature:
Date:	

Note: After completing this form send it two (2) weeks before the beginning of the deduction period to:

Office Use:

Date Received:	Received By:	
Updated By:	Signature:	
Date Back Office:	Date:	Status: