



poro card application form

SL 9

Are you an existing NASFUND Contributor? [] Yes [] No
 I am applying for (tick appropriate circle) Card Pin

Membership Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Nearest ncsI branch:	Point of Card/Pin Collection:
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Personal Details

Please tick Mr Mrs Ms Miss Other

First Name:	Last Name:
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DOB:	Gender:	Marital Status:
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Occupation:	Nationality:
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Contact Details

Postal Address:

Place of Residence:	City:
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District:	Province:
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Telephone No:	Mobile No:
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Email:

Identification

Please bring 2 valid ID Cards when submitting your application form. NCSL shall verify the original IDs and keep the copies for filing.

Examples of photo IDs: NID ID, employee ID, driver's license, passport or similar.

Examples of non-photo IDs: birth certificate, certificate of baptism, marriage certificate, school certificate, letter of employment or similar: **Operations of your account may be restricted until you provide photocopies of sufficient IDs to the branch.**

Type of ID provided 1	<input type="text"/>	Type of ID provided 2	<input type="text"/>
Reference (ID Number)	<input type="text"/>	Reference (ID Number)	<input type="text"/>

Declaration

I hereby apply to become a member of ncs1. 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 (Revised Act 2015). I agree to contribute no less than K20.00 per payment to ncs1.

I certify that the information provided on this form is true and accurate. I accept NCSL's Terms & Conditions which apply to my account(s) and transactions that I conduct on my account(s)

Signature of Applicant:	Name:
	Date:

Salary Deduction Authorisation

Please note that it is mandatory for every NCSL to have a Poro Account and be issued a Poro Card. The minimum contribution to your Poro Account is **K10.00** upon first time registration.

Poro Account
K (K10 minimum)

I authorise the deduction of K _____ from my salary, to be paid fortnightly/ monthly to the ncs1 on my behalf.	
Date:	Signature:
Name:	

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

Office Use:

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