



# NEW MEMBER REGISTRATION



On completion of the certification by the Head of Employing Department, Authority or Company this form must be submitted to the nearest Nambawan Super Branch.

## Personal details and address

Given names	<input type="text"/>	Date of birth	<input type="text"/>
Surname	<input type="text"/>	Payroll #	<input type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Phone #	<input type="text"/>
Employer address	<input type="text"/>	Super #	<input type="text"/>
Name of employer	<input type="text"/>		
Residential address	<input type="text"/>		
Mailing address	<input type="text"/>		
Preferred email	<input type="text"/>		
Working province	<input type="text"/>		

## Family or beneficiary details

Marital status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> De-Facto	<input type="checkbox"/> Divorced	<input type="checkbox"/> Seperate	<input type="checkbox"/> Widow/Widower
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Name of beneficiary	Relations to member	Beneficiary DOB	# in %
<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"/>	<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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 and your Human Resources. List must be stamped by your Human Resources.

Total %

## Previous employment details

Name of employer	From (Year) To (Year)	Payroll #	<input type="checkbox"/> NSL #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> NasFund #
<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"/>	<input type="text"/>	<input type="text"/>

I certify that all information written on this form by me is true and correct.

Signature

Date

## To be completed by your Human Resources

To be completed by HR Manager or nominated Senior HR Officer of your current employer

Started employment	Date <input type="text"/>	Joined Fund	Date <input type="text"/>	Started contributing to Nambawan Super	Date <input type="text"/>
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I,   
have witnessed that the said form was  
duly signed in my presence by the member.

Position

Signature

Date

Official  
stamp

NSLMF008



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	<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"/>
	<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"/>
	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<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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