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membership registration form

SL 5

Are you an existing nasfund Contributor? O Yes O No If yes provide your membership number nasfund Membership Number:			Insert photo:			
Personal Details						
First Name:	Last Name:					
DOB:	Gender:	Marital Status:				
Private Address:						
Mobile:	Email:					
Home Province:	District:					
Village:	Residing Town:					
Savings & Loan Society Membership						
O I am not a member of another Savings & Loan Society						
O I am a member of another Savings & Loan Society	Name the Society:					
How did you know about ncsl? O HR O Payroll O Preso O Other						
Employer Details						
Company Name:	Pay Officer/ HR Email:					
Phone 1:	Phone 2:					
Address:						

Nomination Of Benefi In the event of my death, the nomination(s) as follows;		of my account with nc	sl should be disbursed	according [.]	to my	
Full Name	Address		Relationship		Percentage 100%	
	_					
Salary Deduction Auth	norisation					
General Savings		Education Savings	Christma		s Savings	
K	(K20 minimum)	K	(K20 minimum)	K	(K15 minimum)	
Please note that it is mand your Poro Account is K10.00			ount and be issued a Po	oro Card. Th	ne minimum contribution to	
Poro Account			К		(K10 minimum)	
Poro Account Deposit I authorise ncsl to debit my	General Savings	Account with an amo	unt of K10.00 and cred	it my Poro	Account.	
I authorise the deduction o	of K	from my s	alary, to be paid fortni	ghtly/mon	thly to the ncsl on my behalf.	
Identification Please attach a clear copy (at least 1 ID copy attached		ard when submitting	your application form,	ncsl shall v	verify and keep the copy on file.	
Type of ID provided 1:			Type of ID provided 2:			
Reference (ID Number):				Reference (ID Number):		
Mobile Banking & SMS	Alert					
Would you like to access mobile banking services?	OYes ONo If s	so please provide your	preferred mobile numl	ber here:		
Declaration I hereby apply to become a amendments thereof regist no less than K20.00 per pay I certify that the information account(s) and transaction	tered in accordan yment to ncsl. on provided on th	ce with the Savings &	Loan Societies (Revised	d Act 2015)	. I agree to contribute	
			Name:			
Signature of Applicant:			Date:			
Note: After completing this form	m send it two (2) wo	eeks before the beginning	g of the deduction period	to:		
Office Use:						
Date Received:	Received By:					
Updated By:	Signature:					
Date Back Office:	Date:		Status:			