



# sms alert form

Membership  
Number:

How did you know about SMS Alert Service?  hr  payroll  preso  other:

## Mobile Details

Request type:  new  amend  cancel

Mobile  
Number:

(must be your own number)

## Personal Details

First  
Name:

Last  
Name:

DOB:

Gender:

Marital  
Status:

Residing  
Town:

Email:

Mobile:

Phone:

Village:

District:

Province:

## Employer Details

Company  
Name:

Email:

Mobile:

Phone:

Address:

## Declaration:

I hereby declare that the above information provided is true and correct to my belief and further take full responsibility of any information disclosed or possession by a third party.

Date:

Signature:

## Office Use:

Date Received:

Received By:

Updated By:

Signature:

Notes: