



Insert ID Size  
Photo Here

**Section 1: Personal Details**

Eda Supa Employer Code:

Membership Number (FOR OFFICIAL USE):

Given Name:  Surname:

Postal Address:

Date of Birth:          Male  Female Marital Status:

Village:  District:  Province:

Mobile No.:           Email Address:

**Section 3: Nature of Business or Occupation**

Please tick appropriate box.

Formal  Informal

Details:

**Section 4: Method of Identification**

Please tick appropriate box.

Drivers License  Known to senior staff of Nasfund  Passport  Other (please specify below)

Details of identification:

**Section 2: Beneficiary Details**

I hereby nominate the persons below to receive the amount standing to my credit in the event of my death: (guardian excludes undersigning members).  
 (i) Nominee one 1 ( who must be an adult) is thereby declared to facilitate the withdrawal process. (ii) Where all nominees are minor, the guardian facilitates the withdrawal process. (iii) Where the guardian passes on when nominees are minor, nominees will claim entitlements only when they each attain 18 years of age.

Name of Nominees	Nominee Date of Birth	Relationship to Member	Name of Guardian	Percentage
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Nominee one (1) / Guardian Specimen Signature:

Note: Your total percentage for all nominees must add up to 100%. (Where a member elects more than five nominees, the same form is filled twice).

**Section 5: Member Confirmation**

I confirm that I have fully understood the contents of this form that was read to me or written by me are true & correct in every particular.

Signature:  Dated: