



e-service registration

form

SL 15

Requirement: Attach a valid ID Copy

Membership Number:

Personal Details

First Name:	Last Name:	
DOB:	Gender:	Village:
District:	Home Province:	

Member Portal

Request type:	BIS: <input type="checkbox"/> Yes <input type="checkbox"/> No	Member Portal: <input type="checkbox"/> Yes <input type="checkbox"/> No	Mobile: <input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile No:	Preffered email address to access online service:	Gmail Address:	

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:
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* Note: Member must provide one acceptable photographic ID or two supporting non-photographic ID's attached with this form for verification.

Office Use:

Date Received:	Received By:	
Updated By:	Signature:	Notes: