

KSA Membership Data

Update form

SL 5b

Membership Number:

Personal Details

First Name:		Last Name:	
DOB:	Gender:	Residing Town:	
Village:	District:	Province:	

Nomination Of Beneficiaries

In the event of the child's death, the proceeds of their account with ncsl should be disbursed according to the nomination(s) as follows;

Full Name	Address	Relationship	Percentage 100%

Trustee Details

First Name:	Last Name:
Trustee Work Place:	Trustee Work Phone:
Trustee Mobile:	Trustee Email:
Relationship to child:	Signature:
Date:	

I hereby provide a copy of my (tick appropriate box) ☐ Work ID ☐ nasfund ID ☐ NID ☐ Other

Place ID
Image here

Office Use:

Note: After completing this form send it two (2) weeks before the beginning of the deduction period to:

Date Received:	Received By:	Status:
Updated By:	Signature:	
Date Back Office:	Date:	