



KSA Membership Data

Update form

SL 5b

Membership Number:

Branch:

Personal Details

First Name:		Last Name:	
DOB:	Gender:	Location (Residing Town):	
Province (Where member resides):		Region:	

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	Customer No:	Date of Birth	Relationship	Percentage 100%

Trustee Details - Primary Guardian

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
 Driver's License Passport

Place ID Image here

Trustee Details - Secondary Guardian

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
 Driver's License Passport



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:
Date received by Branch Support:		
Updated by:	Approved by:	
