



Member Application form

SL 5

NCSL CUSTOMER NUMBER											Home Branch/ Office Code:
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Request type:

Account(s)	Channel	Additional Account(s)
<input type="radio"/> New Membership <input type="radio"/> Member Data Update	<input type="radio"/> Mobile USSD Services <input type="radio"/> Self-Service Identification <input type="radio"/> Poro Card	(Note: Applicable for required members only) <input type="radio"/> Long Service Leave: _____ <input type="radio"/> Housing Scheme: _____

(a) Member Personal Details

Mr/Mrs/Ms. Full Name:	First Name:	Middle Name:	Last Name:
Date of Birth:		Gender:	Marital Status:
Residential/Postal Address:			
Mobile (Personal):		Email:	
Location (Where member resides):		Town:	
Province:		Region:	

(c) Employment Details

(Note: Not applicable for EDA SUPA members)

Company Name:	Pay Officer/HR Email:
Occupation:	Office Phone:
Address:	

(d) Nomination Of Beneficiaries

In the event of my death, the net proceeds of my account with NCSL should be disbursed according to my nomination(s) as follows: nomination(s) as follows;

Full Name	Customer No:	Date of Birth	Relationship	Percentage 100%

(f) Poro Account Deposit

I authorize NCSL to debit my General Savings Account with an amount of K10.00 and credit my Poro Account.

I authorize the deduction of K _____ from my salary, to be paid fortnightly/monthly to the NCSL on my behalf.

(g) Identification

Please attach a clear copy of your valid ID Card when submitting your application form, ncsL shall verify and keep the copy on file. (at least 1 ID copy attached)

(*)Type of ID provided 1:	Type of ID provided 2:
Reference (ID Number):	Reference (ID Number):

(h) Channel(s)

Mobile USSD Services:	<input type="checkbox"/> New	<input type="checkbox"/> Amendment	<input type="checkbox"/> Cancellation
<input type="checkbox"/> I agree that my account can be accessed through mobile banking.			
Existing number (for cancellation and amendments only)	<input type="text"/>	<input type="text"/>	<input type="text"/>
New number	<input type="text"/>	<input type="text"/>	<input type="text"/>

Identification:	<input type="checkbox"/> New	<input type="checkbox"/> Amendment	<input type="checkbox"/> Cancellation
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☐ I agree that my account can be accessed on the Self-service channel. (Member to authorise on declaration)

(i) Poro Card

Poro Debit Card:	<input type="checkbox"/> New	<input type="checkbox"/> Replacement	<input type="checkbox"/> Cancellation
Preferred branch for Card Collection			

This section is to be completed for replacement and cancellation

Poro Debit Card:	<input type="checkbox"/> Card/Pin	<input type="checkbox"/> Pin
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Card Number:	Date Card was Lost/Stolen:
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Maintenance Type:	<input type="checkbox"/> Lost	<input type="checkbox"/> Stolen	<input type="checkbox"/> Locked	<input type="checkbox"/> Other (if other please specify):
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Reason for Maintenance:

(j) Salary Deduction Authorization (Note: Not applicable for EDA SUPA members)

General Savings	Education Savings	Christmas Savings
K (K20 minimum)	K (K20 minimum)	K (K20 minimum)

Please note that it is mandatory for every NCSL member to have a Poro Account and be issued a Poro Card. The minimum contribution to your Poro Account is K10.00 upon first time registration.

Poro Account
K (K10 minimum)

(k) Additional Account(s) (Note: Applicable for required members only)

Long Service Leave	Housing Scheme (MMJV Employees)
<input type="checkbox"/> I agree with the terms and conditions of the account. Net Value: K _____	<input type="checkbox"/> I agree with the terms and conditions of the account.

Declaration

I hereby apply to become a member of ncs. I agree to pay all charges levied by the Rules of the Society and by any amendments thereof registered in accordance with the Savings & Loan Societies (Revised Act 2015). I agree to contribute no less than K20.00 per payment to ncs.

I certify that the information provided on this form is true and accurate. I accept ncs's Terms & Conditions which apply to my account(s) and transactions that I conduct on my account(s)

Signature of Applicant:	Name:
	Date:

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

Office Use:

Date Received:		
Received by:	Date:	Signature:
Checked by:	Date:	Signature:

Card/Pin

Date Received:		
Pin Issued by:	Date:	Signature:
Card Issued by:	Date:	Signature:

new member identification checklist

SL 5B

This Checklist is to be used by the new intending member to provide the correct ID combination when submitting a new member registration form.

A. Individual Customer Identification

Types Of Identification	Acceptable information marked X MUST show							
	Full Name	Date of Birth	Nationality	Expiry Date	ID Number	Gender M / F	Address	Occupation
PRIMARY – PHOTOGRAPHIC ID								
PNG Passport	X	X	X	X	X	X		
PNG Driver's Licence	X	X		X	X		X	
National Identity Card (NID)	X	X	X	X	X			
Firearm License	X	X	X	X			X	
Superannuation Membership Card	X				X			
Employment ID Card with Employment Confirmation Letter (Company Seal to be attached)	X	X	X	X			X	X
Current student ID Card with School Confirmation Letter (School Seal to be attached)	X	X	X	X				X
Valid Foreign Passport with Valid Visa & Valid PNG Work Permit (Foreigners)	X	X	X	X	X	X	X	X
ID size photo with Hospital Clinic Book (Child between 1-10)	X	X	X			X	X	
SECONDARY – NON-PHOTOGRAPHIC ID								
Police Clearance issued within the last six (6) months	X	X	X					
Birth Certificate issued by NID office	X	X	X					
Statutory Declaration signed by a Commissioner of Oaths	X	X	X	X			X	X
ID Letter by LLG President	X	X	X	X			X	X
ID Letter by a District or a Local Village Court Magistrate	X	X	X				X	X
ID Letter by a Pastor/Priest	X	X	X	X			X	X
ID Letter by a Bank Manager	X	X	X	X			X	X
ID Letter by registered Lawyer	X	X	X	X			X	X
ID Letter of a registered Accountant	X	X	X	X			X	X
ID Letter of a registered Medical Practitioner (Doctor/ Nurse/ HEO/ Dentist/ Pharmacist/ Physician)	X	X	X	X			X	X
ID Letter by a current Member of Parliament	X	X	X	X			X	X
ID Letter by Commissioned Officers of the Dept of Defence, Police or Correctional Services	X	X	X	X			X	X
Dual Citizenship Certificate	X	X	X		X	X		
Marriage Certificate	X							

A. Instructions

- Applicant must always present the original identification document at the counter, or a copy certified by a lawyer. Applicant is required to present any of the following ID combinations in Primary & Secondary to be applicable.
 - Two photo IDs under PRIMARY. **Eg; Passport & Driver's License.**
 - One photo ID under PRIMARY plus One non-photo ID under SECONDARY.
Eg;
 - **NID + Birth Certificate issued by NID Office.**
 - **Superannuation Membership Card + Id letter from Priest/Pastor.**
 - **Id size photo with clinic book + Birth Certificate Issued by NID office (KSA).**
 - **Valid Foreign Passport with Valid Visa & Valid PNG Work Permit (Foreigners) + Id Letter by registered lawyer.**
- ID documents combination MUST include a facial image of photograph and capture the following;
 - Full Name
 - Date of Birth
 - Nationality of place of Birth
 - Expiry Date
 - Identification Number
 - Gender
 - Address
 - Occupation
- It is NOT acceptable for customer to produce two forms of the same identification type.

Example: (a) ID Letter form LLG President and ID letter from Pastor/ Priest – **NO**
 (b) ID Letter from LLG President and NID Card – **YES**
- All name variances must be linked by a proper identification document such as, confirmation letters, statutory declarations, marriage certificates and or birth certificates etc...