

## SECTION 1: MEMBERSHIP DETAILS & POSTAL ADDRESS

Surname	<input type="text"/>	NSLS Membership No.	<input type="text"/>
Given Name	<input type="text"/>	Employment No.	<input type="text"/>
Date of Birth	<input type="text"/>	Digicel No.	<input type="text"/>
No. of Children	<input type="text"/>	Bemobile No.	<input type="text"/>
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Telikom No.	<input type="text"/>
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Sngle <input type="checkbox"/> Other	Telephone	<input type="text"/>
Email Address	<input type="text"/>	Facsimile	<input type="text"/>
Current Address	<input type="text"/>		Residential Address
	<input type="text"/>		<input type="text"/>
City / Town	<input type="text"/>	Suburb	<input type="text"/>
Street	<input type="text"/>		
Sect	<input type="text"/>	Alot	<input type="text"/>
Province	<input type="text"/>	District	<input type="text"/>
		Village	<input type="text"/>

## SECTION 2: SALARY BANK ACCOUNT DETAILS - Please indicate your Salary Bank Account details below

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## SECTION 3: BENEFICIARIES DETAILS - Please indicate your Beneficiaries details below

FULL NAME	DOB	RELATIONSHIP	ADDRESS	PERCENT 100%
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

The total percentage for all nominated beneficiaries must add up to 100% and certified by yourself

**I certify that all information written by me is true and correct.**

Signature of Applicant	Date	Name of Witness	<input type="text"/>
<input type="text"/>	<input type="text"/>	Signature	<input type="text"/>
		Date	<input type="text"/>