

MEMBER APPLICATION FORM

PART: A TO BE COMPLETED BY THE EMPLOYEE

First Name:	Surname:	Last Name:
Date Of Birth:	Gender:	Marital Status:
Postal Address:	Code:	Email:
Mobile No:	ID No:	Pin:
Grade/Position (Optional):	Employment Date: DD MM YYYY	Payroll No:
Employer (Scheme):	Basic Salary Per Annum (Optional):	
Details of spouse(s):-		
Name:	Date of Birth: DD MM YYYY	Phone No:

BENEFICIARIES

First Beneficiary	Name:		Second Beneficiary	Name:	
	Relationship:	(%):		Relationship:	(%):
	Date of Birth:			Date of Birth:	
	ID No:	Mobile No:		ID No:	Mobile No:
Third Beneficiary	Name:		Fourth Beneficiary	Name:	
	Relationship:	(%):		Relationship:	(%):
	Date of Birth:			Date of Birth:	
	ID No:	Mobile No:		ID No:	Mobile No:
Fifth Beneficiary	Name:		Sixth Beneficiary	Name:	
	Relationship:	(%):		Relationship:	(%):
	Date of Birth:			Date of Birth:	
	ID No:	Mobile No:		ID No:	Mobile No:

DECLARATION BY THE EMPLOYEE

I declare that to the best of my knowledge and belief that the above statements are true and complete. I further acknowledge that the Rules of the Scheme are binding on me and on every person whose claim upon the Scheme is derived from me.

Signature

Date DD MM YYYY

PART: B TO BE COMPLETED BY THE EMPLOYER

- a). Date joined Current Scheme DD MM YYYY b). Employee's Membership Number
- c). Do the answers given by the employee to the questions on this form agree in all respects with your staff records
 YES / NO (Tick as appropriate)

Signed and stamped by:
 (Authorised Official)

FOR OFFICIAL USE ONLY

Form received on DD MM YYYY

Signed by
 For: Liaison Financial Services