

Section 1: E	Employer Details					
Employer Code:						
Employer						
Name*: \[*Where the company requests a name change, relevent supporting documents are required.						
Postal	Payroll Software:					
Address:						
Name:			Suburb:			
Bank Business Account Held: ANZ: BSP: Westpac: Other (specifiy):						
Superannuation Payment Method: Online Direct: Online Interbank: Kundu Pei: Employer Contribution Rate (%):						
Telegraphic Transfer: Direct Deposit: Manual Cheque:						
Total Annual Base Gross Salary: K				Total number of employees:		
Section 2: Contributions and Schedule Remittance Contacts						
The following will be our main contacts for NASFUND contributions:						
Contact Person 1			Contact Person 2			
Name:			Name:			
Designation:			Designation:			
Telephone:			Telephone:			
Facsimile:			Facsimile:			
Email:			Email:			
Section 3: Member Update and Benefits Authorised Signatories and Stamp						
The following will be our main contacts for NASFUND Member Updates and Benefit Payments:						
Name of Authorised Officer 1		Name of Authorised Officer 2			Name of Authorised Officer 3	
Designation:		Designation:			Designation:	
Signature:		Signature:			Signature:	
		o.ga.a.s.				
NB: Conglomerates with more than the above provided table can cater are allowed to attach an additional list with specimen signatures with the division/subsidiary the represent. The additional list must be stamped and signed by an authorised officer.						
]	
I in the capacity of , hereby authorise the above following officer(s						
Section 2. Facilitate contribution payments and schedules to NASFUND, and Section 3. Verify and endorse current staff member update forms and claim forms for any staff past or present to NASFUND.						
Circulation 1						
Signature:						
				_		
				Employer Sta	amp Here	