

Section 1: Member Details

Member Number: Payroll Number:

Given Name: Surname:

Date of Birth: Male: Female: Marital Status:

Village: District: Date started Work:

Mobile No.: Email Address:

Employer Code: Employer Name:

Postal Address:

Section 2: Text Bal Service Access

Please tick the appropriate box to indicate whether you would like to access your membership details via the NASFUND Text Bal Service.

Text Bal Access? Yes No

Would you like to designate your own PIN?: Yes No

If yes, please fill in your PIN in the spaces provided:

Section 3: Member Online Access

Please tick the appropriate box to indicate whether you would like to access your membership details via the NASFUND Member Online Portal.

Member Online Access? Yes No

Method of User Credential Notification: SMS Email Both

Section 4: Authorisation

I, certify that all the information written/typed by me or on my behalf has been read to me and is true and correct in every particular.

Signature of Member: Dated:

Section 5: Interaction

Once this Form is completed, mail it to: Text-Bal / Online Service
 C/- NASFUND
 P.O. Box 5791
 BOROKO
 National Capital District

or email: online@nasfund.com.pg