

Membership Form

Solomon Islands National Provident Fund, NPF Building,
Mendana Avenue, PO Box 619, Honiara, Solomon Islands

Telephone: 21659 Email: yousave@sinpf.org.sb

MEMBER DETAILS

FIRST NAME

MIDDLE NAME

LAST NAME

FEMALE MALE

DATE OF BIRTH

MARITAL STATUS SINGLE / MARRIED / DIVORCED / WIDOWED / DE FACTO

FATHER'S NAME

MOTHER'S NAME

MAILING ADDRESS

EMAIL ADDRESS

MOBILE

RESIDENTIAL ADDRESS

PLACE OF BIRTH

VILLAGE

PROVINCE OF ORIGIN

BUSINESS/OCCUPATION

REGISTRATION SOURCE

DO YOU HAVE A BANK ACCOUNT?

IF YES, WHICH BANK? ANZ/BRED/BSP/POB

YES NO

BANK NAME

ACCOUNT NAME

DECLARATION

I hereby apply to become a member of NPF youSave, the voluntary informal scheme of the Solomon Islands National Provident Fund.

INDICATE WITH A TICK IN THE BOX RELEVANT TO YOUR CIRCUMSTANCES.

DECLARATION

I declare that I am not, nor have I ever been, a member of the Solomon Islands National Provident Fund.

DECLARATION 2

I declare that I am a registered member of the Solomon Islands National Provident Fund but ceased being an employee on _____ and no longer have contributions made on my behalf by an employer. I understand that becoming a member of NPF youSave will in no way impact access to my existing member balance which will remain in a separate member account.

INITIAL CONTRIBUTION

\$

CONTRIBUTION AMOUNT

SIGNATURE OF APPLICANT

DATE

NAME OF WITNESS

SIGNATURE OF WITNESS

DATE

DESIGNATION (Specify): _____

PHONE: _____

VILLAGE/RESIDENCE: _____

WARNING: TO GIVE FALSE INFORMATION MAY RESULT IN PROSECUTION

NOMINEE DETAILS

I hereby nominate the person (s) name in thxis schedule to receive at my death the share (s) set down against their respective name (s) of the amount then standing to my credit in the NPF Informal Sector Account.

NOMINEE 1

NAME OF NOMINEE _____ ADDRESS _____
DATE OF BIRTH _____ AGE _____ SHARE (%) _____ RELATIONSHIP _____

NOMINEE 2

NAME OF NOMINEE _____ ADDRESS _____
DATE OF BIRTH _____ AGE _____ SHARE (%) _____ RELATIONSHIP _____

NOMINEE 3

NAME OF NOMINEE _____ ADDRESS _____
DATE OF BIRTH _____ AGE _____ SHARE (%) _____ RELATIONSHIP _____

NOMINEE 4

NAME OF NOMINEE _____ ADDRESS _____
DATE OF BIRTH _____ AGE _____ SHARE (%) _____ RELATIONSHIP _____

SIGNATURE OF APPLICANT _____ DATE _____

NAME OF WITNESS _____ SIGNATURE OF WITNESS _____ DATE _____

Please note, you may change your nomination at any time by contacting NPF and requesting a Change of Nominee form.

OFFICIAL USE ONLY

AGENT	
RECEIPT ISSUED BY	
ENTERED BY	
CHECKED BY	
MEMBER NUMBER	

KYC CHECK

KYC SIGHTED AT REGISTRATION? **Y/N**
KYC TYPE _____
KYC PHOTOGRAPHED? **Y/N**
KYC NOTES _____