

Membership Form

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

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

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DESIGNATION (Specify): PHONE: VILLAGE/RESIDENCE:	NAME OF WITNESS	SIGNATURE OF WITNESS DATE		DATE	
	DESIGNATION (Specify):	PHONE:	VILLAGE	E/RESIDENCE:	

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.

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 c form.	hange your non	nination at any tin	ne by contacting NPF ar	nd requesting a Change of Nomine

OFFICIAL USE ONLY							
ACENT		КҮС СНЕСК					
AGENT		KYC SIGHTED AT REGISTRATION?	Y/N				
RECEIPT ISSUED BY		KYC TYPE					
ENTERED BY							
CHECKED BY		KYC PHOTOGRAPHED?	Y/N				
MEMBER NUMBER		KYC NOTE <u>S</u>					