

STATIC DATA UPDATE FORM

Fund Name: _____

PERSONAL DETAILS (ONLY FILL IN CHANGED INFORMATION)

Surname: _____

Full Names: _____

Date of Birth: ____/____/____ Gender: M F (Please tick)

Omang Number: _____ (attach copy of Omang)

Postal Address: _____ Email Address: _____

Physical Address: _____

Cell Number: _____ Landline: _____

Marital Status: Single / Married / Divorced / Widowed

EMPLOYMENT DETAILS

Employee Number: _____

Occupation: _____ Monthly Pensionable Salary: P_____

Date Joined Company: ____/____/____ Date Joined Fund: ____/____/____

Member Signature: _____

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DECLARATION BY EMPLOYER

We hereby certify that, to the best of our knowledge, the above information is true and correct.

Name of Authorized Personnel: _____

Designation: _____ Contact Number: _____

Signature: _____

Company Stamp:

