NBWPF
NAMIBIA BUILDING WORKERS
PENSION FUND

NEW MEMBER FORM

FUND: _____

To be completed when a New Member applies to join the Fund.

1. Branch/Section/Cost Centre/Division _____

2. Member's Surname: _____

3. Member's First Names: _____

4. Date of Birth(DDMMYY): _____/_____/_____   5. Sex (M,F): _____

6. Marital Status (M, S, W, D): _____   7. Language (E, A) _____

8. Number of dependent children: _____

9. Monthly Pensionable Salary: N$ _____

10. Monthly member contribution: N$ _____

11. Monthly employer contribution: Pension: N$ _____

                                   Risk/Admin: N$ _____

12. Employee Ref. No. / Payroll NO.: _____   13. Category: _____

14. Date of entry into Service: _____/_____/_____

15. Date of first Contribution: _____/_____/_____

16. Identity Number: _____

17. Occupation: _____

18. Income Tax Number: _____   9. Revenue Office: _____

SIGNED ON BEHALF OF EMPLOYER: _____   DATE: _____/_____/_____

FULL NAME AND TITLE: _____   COMPANY STAMP:

FOR OFFICE USE ONLY

Official
Employer
Stamp

Data capture verified: _____/_____/_____   Membership No.: _____

Copy of ID enclosed: _____   Medical evidence supplied: _____