



# NATIONAL SUPERANNUATION FUND LIMITED

## SMS REGISTRATION FORM



MEMBER NUMBER

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REQUEST TYPE (tick appropriate box  New  Amended  Cancellation (leave MOBILE NUMBER blank)

### PERSONAL DETAILS:

1. Full Name: (surname last and underlined) \_\_\_\_\_
2. Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female (tick )
3. Village: \_\_\_\_\_ District: \_\_\_\_\_ Province: \_\_\_\_\_
4. E-Mail: \_\_\_\_\_

### MOBILE DETAILS:

1. Mobile Number : 

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### EMPLOYER DETAILS:

Employer/Company name: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Signature of Member: \_\_\_\_\_ Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Once Complete, send to: Text-Bal  
 C/- NASFUND  
 P.O. Box 5791  
 BOROKO  
 National Capital District

Fax: 325 9738 or 325 5503 Email: help@nasfund.com.pg