

APPLICATION FOR MEMBERSHIP

Surname Given Name(s)

Employee Number Reporting Centre/Division.....

Department Section

Status:

PERMANENT

PERMANENT (SEASONAL)

Address :

.....

Work Commencement Date

Commencement of Contributions:

Place of Origin:

Village*District**Province*

Male

Female

Date of Birth

Checked By

CONTRIBUTIONS

I agree that % be deducted every fortnight from my base salary (min 6%)

I hereby certify that the information shown above is true and correct and apply to Trustees for admission as a member of the Fund upon the terms and conditions contained in the Deed by wish the Fund was established.

I authorizedto deduct from my base salary each pay period the amount indicated in the Application For Membership section above and forward to.....Employees Superannuation Fund. This instruction is to remain in force until notified to the contrary by the New Britain Palm Oil Limited Employees Superannuation Fund Trustees.

Signed Date

PLEASE TURN OVER

DEATH BENEFIT

In the event of your death, your dependants will be entitled to receive a lump sum payment. You can nominate your spouse, your children and anyone who is financially dependant on you. Please fill the names of the person(s) who would be paid this benefit.

SIMPLE FORM OF WILL

I, _____

of _____

Hereby nominate the persons named herein to be the beneficiaries of funds standing to my credit in the Event of my death whilst being a member ofSuperannuation Fund and that such funds shall be distributed in the percentage nominated hereunder.

Surname	Given Names	Relationship (eg, wife, son, brother etc) %	
.....
.....
.....
.....
.....
			100%

Declared at _____ the _____ day of _____ 20_____

***It is compulsory that the member provides their mobile number _____**

Signed by :

.....
Print Name (Member)	Signature

Before me :

.....
Witness (Print Name)	Signature of Witness