MEMBER UPDATE FORM

JUDICIAL SERVICE PROVIDENT FUND SCHEME

ATTACH PASSPORT PICTURE

Kindly complete all sections of this form and submit to JUSAG Secretariat.

TYPE OF SCHEME (kindly tick) ☐ Occupational Pension Scheme ☐ Employer Sponsored Scheme

NOTE: All information should be written legibly and boldly in CAPITAL LETTERS. Kindly attach a copy of a national ID to the completed form

MEMBER DETAILS

GHANA CARD ID NUMBER

Title | Surname | First Name | Other Names

NAME

PREVIOUS NAME/ MAIDEN NAME

DATE OF BIRTH DD/MM/YYYY

GENDER (PLEASE TICK) ☐ Male ☐ Female

NATIONALITY

COUNTRY OF BIRTH

MARITAL STATUS (PLEASE TICK) ☐ Single ☐ Married ☐ Divorced ☐ Widowed

PLACE OF BIRTH

TOWN

DISTRICT

REGION

CURRENT CONTACT DETAILS

PERMANENT ADDRESS

MOBILE PHONE NO.

MAILING ADDRESS

E-MAIL ADDRESS

IDENTIFICATION DETAILS

☐ Passport ☐ Driver's License ☐ Voter's ID ☐ National ID ID NUMBER

TAX ID NO. (TIN) SOCIAL SECURITY NO.

NAME OF FATHER

ADDRESS OF FATHER

NAME OF MOTHER

ADDRESS OF MOTHER

NATURE OF EMPLOYMENT

EMPLOYER'S NAME

EMPLOYER'S ADDRESS

EMPLOYER'S TEL. NO.

NATURE OF INCOME ☐ Weekly ☐ Bi Weekly ☐ Monthly ☐ Quarterly

BENEFICIARY NOMINATION

I nominate the person(s) below to receive my benefits in the event of my death:

NAME	DATE OF BIRTH	RELATIONSHIP	CONTACT NUMBER	PERCENTAGE (To Total 100%)

DECLARATION:

I declare that the information I have given in this application form is accurate and complete at the date of signing and shall notify the Trustees immediately if any of this information changes.

Preferred Mode of Communication *(please tick)*: E-mail ☐ Postal ☐ Mobile ☐

Member Signature

Date DD/MM/YYYY

OFFICIAL USE ONLY

Verified By

Signature & Stamp

Date DD/MM/YYYY