



NICO Pension

associated with Sanlam group

NICO PENSION SERVICES LIMITED
P.O. BOX 1796, BLANTYRE,
+265 1 822 699
www.nicopensions.mw
customercare@nicopension.mw

NAME OF SCHEME:.....

APPLICATION FOR MEMBERSHIP

NICO Membership No:.....

(To be inserted by NICO Pension Services Limited if not known)

SECTION A

NAME OF EMPLOYER:.....

EMPLOYEE'S NAME IN FULL:.....

(IN BLOCK LETTERS)

I, the undersigned hereby update member details in line with the Centralized National Pension Database requirement on the above-mentioned Scheme. I agree to be bound by the provision of the said Scheme in force from time to time and my employer is hereby authorized to deduct from every payment of salary due to me the amounts required to be contributed by me in terms of these provisions. I further agree to submit my National ID to the NICO Pension Services Limited as evidence of my date of birth, or should this not be available to me, such other evidence as may be required by the said Pension Fund Administrator.

Dated this:..... day of 20.....

Name of witness:.....

Address:..... Signature of Witness

Name of Employee:..... Signature of Employee / Trustee.....

Address:.....

DETAILS RELATING TO EMPLOYEE

(a) Employee's Full Name:.....(b) Employee ID.....

(c) Gender:.....(d) Marital Status at Entry.....Current Marital Status.....(e) Salutation.....

(f) Maiden Name or Former Last Name.....

(g) Date of Birth:.....

(h) Place of Birth (Village, T/A & District).....

(i) Permanent Home (Village, T/A & District).....

(j) Nationality.....(k) Malawi National ID number (Attach Copy).....

(l) Date of Appointment:.....

(m) Date of Entry into Scheme:.....

(n) Telephone Number.....(o) Mobile Number.....

(p) Email Address.....

(q) Personal Postal Address.....

(r) Salary per Annum (s) Tax Payers Identification Number (Personal TPIN).....

(t) Occupation:.....

(u) Any Other Contact Details.....

(v) Bank Name.....(w) Branch.....

(x) Account Number.....

(Disclaimer: Nico Pension will not be responsible for any incorrect information details given on this form)

THE "DATE OF ENTRY INTO SCHEME" MUST BE THE FIRST DAY OF THE MONTH COINCIDENT WITH OR NEXT FOLLOWING THE DATE OF COMPLETION OF THE ELIGIBILITY REQUIREMENTS. I FURTHER CONFIRM THAT THE ABOVE NAMED WAS AT WORK ON DATE OF ENTRY.

.....Signature of Employer/ Trustee

Contact us on our toll-free Line 323 for more information



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To: The Trustees
Dear Sirs

-----SCHEME

I understand that under the Rules of the Scheme the amount which will be payable in the event of my death whilst in the service of the Company may be paid by the Trustees.

(1) To my dependents, as defined in the rules, in such manner and in such shares as the trustees shall in their absolute discretion decide, OR

(2) To my personal representatives if I have no dependents.

While I understand that the Trustees' discretion, if exercised, will be unfettered, I should like to record my wish that such amount should be paid to such of the following as are living at my death. (If more than one, in the proportions indicated against the name of each nominee).

Name in Full	Address	Relationship	Date of Birth	Portion of Benefit Payable
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This letter supersedes any earlier intimation on the same subject which may be in your possession.

Yours faithfully

FULL NAME :

SIGNATURE :

Dated this day of 20.....

COMPANY NAME :

Contact us on our toll-free line 323 for more information