



VANUATU NATIONAL PROVIDENT FUND

CHANGE OF MEMBER DETAILS FORM

I - MEMBER INFORMATION

1. First Name:

2. Middle Name:

3. Last Name:

4. Date of Birth:

 (DD/MM/YYYY)

5. Marital Status:

 S M D W

6. Sex:

 F M

7. Nationality:

8. Communication Language:

 English Français Bislama

9. Language Spoken at Home:

 English Français Bislama

10. VNPF Number:

11. Re-activate VNPF Number:

12. Fill The Space Below With The Right Name:

Father's Name:

Mother's Name:

Guardian's Name:

II - MEMBER CONTACT INFORMATION

13. Mobile Number:

14. Home Number:

15. Office Number:

16. Email ID:

17. Alternate Contact Number:

18. Alternate Person Name:

19. Alternate Email ID:

III - MEMBER ADDRESS

20. Home Island:

21. Home Location:

22. Residing at (*circle*):
 - Own House - Relative & Others - Rent - Employer Provided

23. Your Place Of Origin:

24. Home Address:

 Same As Residing Address

If Unchecked, Please Provide The Address:

IV - EMPLOYMENT INFORMATION

25. Your Current Employer's Name:

26. Your Current Employer's Address:

27. Your Employer's Business:

28. Your First Employment If Different To Now:

29. Your Job Title With Current Employer:

30. Are You Self Employed:

 Yes No

V - NOMINATION OF BENEFICIARIES

I, VNPF # hereby authorise you to institute the following persons as my beneficiaries. I also authorise as the legal guardian to all my beneficiaries / nominees under 18 years old.

Name of Nominee	How Related?	Date of Birth	Birth Certificate Reference Number	Share %
.....
.....
.....
.....
Total share equal to:				100%

VI - CERTIFYING DOCUMENTS

31. Please Provide Any Certified Document Regarding Your Identification:

 Birth Certificate Married Certificate Driving Licence National ID Electoral ID

 Passport ID VNPF ID Others Please specify if *Others* is selected:

VII - NOMINEE CONTACT INFORMATION

32. Name:

33. Middle Name:

34. Last Name:

35. Contact Number:

36. Home Address:

37. Email ID:

38 Nationality:

39. Contact Person Number:

40. Contact Person Name:

VIII - GUARDIAN INFORMATION

Please Fill The Detail Below If The Nominee Is A Minor

41. Name:.

42. Middle Name:

43. Last Name:

44. Date of Birth:

45. Sex:

46. Marital Status:

47. Contact Number:

48. Email ID:

49. Write Any ID Number Of Your Choice:

Birth Registration Number:

National ID Number:

Passport Number:

50. Specify The Relationship Between The Guardian And The Nominee:

51. Home Address:

52. Office Address:

IX - DECLARATION INFORMATION

I, hereby.....confirm that i have sighted the original birth or marriage certificate of the member and have certified a photocopy of the certificate which is attached.

I certify that all information written by me or written on my behalf have been read to me and they are true and correct and i have made no changes by crossing out or altering what has been written without authenticating the changes with my signatures.

I, hereby declare that the member has signed this form in my presence.

Name & Job Title Of Certifying Officer:

Signature Of Certifying Officer:

Date (dd/mm/yyyy):

Name & Surname Of Member:

Signature Of Member:

Date (dd/mm/yyyy):

Name & Surname Of Witness:

Signature Of Witness:

Date (dd/mm/yyyy):