



NATIONAL SOCIAL SECURITY FUND

UPDATE OF MEMBER DETAIL FORM

Date: -----

- 1. Surname: _____
- 2. Other names: _____
- 3. NSSF Number: _____ Tel Contact: _____
Area Office: _____

4. Member identity verified by: *(tick where appropriate)*

- i) Photograph ii) Member detail
 - System identification
 - a.) Identical
 - Manual identification
 - b.) Not identical
- (Space for fingerprint)*

LTP	RTP
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(To send hard copy)

- 5. Request: _____

Initiated by: CSO _____ Sent To: _____

E.g. WFM (E, W, N, S)

- 6. For legal section YES NO

- (a) I confirm true identity of member.
- (b) I refer to you to confirm identity of member

Area MANAGER _____
Signature

Action Taken: _____

- (a) Update done: YES NO

If Yes, Workflow number: _____

- (b) Request denied