

NATIONAL SOCIAL SECURITY FUND

MEMBER REGISTRATION DATA PROVISIONAL COLLECTION FORM

Current NSSF No......

Surname.....

Other Names.....

Sex.....

Nationality.....

Date of birth.....

Employer.....

Department/Section.....

Residence (Personal).....

Telephone (Personal).....P.O Box (Personal).....

E-mail (Personal).....

Place of origin;

District.....

Town (Trading center).....

County.....

Sub County.....

Village.....

Father's name.....

Other names.....

Mother's name.....

Other names.....

Marital status.....

Names of spouse(s) (Wife (s) or Husband)
.....

Biological Children

Date of birth
(Date, Month and Year)

- | | | |
|----|-------|-------------------|
| 1. | |/...../..... |
| 2. | |/...../..... |
| 3. | |/...../..... |
| 4. | |/...../..... |
| 5. | |/...../..... |
| 6. | |/...../..... |
| 7. | |/...../..... |
| 8. | |/...../..... |

Signature.....

NB: Not for official purpose-strictly data collection and verification.