



**SECTION 5A: ELECTRONIC/ BANK FUNDS TRANSFER SECTION 5: MODE OF PAYMENT**

Bank  Mobile Money  Others (specify)

<b>NSSF Number</b>	
<b>Full Account Holder Names</b>	
<b>Bank Name</b>	
<b>Bank Account Number</b>	
<b>CURRENCY (UGX, EURO, GBP, KES, USD, TZS)</b>	
<b>TELEPHONE CONTACT</b>	
<b>BANK BRANCH</b>	
<b>BENEFICIARY BANK ADDRESS</b>	
<b>CITY</b>	
<b>SWIFT CODE, SORT CODE AND IBAN No (FOR EURO FOREIGN ACCOUNTS) ROUTING NO (USA)</b>	

**SECTION 5A: ELECTRONIC/ BANK FUNDS TRANSFER**

**CLAIMANTS WITH FOREIGN ACCOUNTS:**

I consent that NSSF pays me in foreign currency based on the prevailing spot exchange rate NSSF's bank will offer:.....

**SECTION 5B: MOBILE MONEY (For Benefits up-to a maximum allowed by the law)**

<b>NSSF NUMBER:</b>	
<b>MOBILE PHONE REGISTERED NAMES: (Must be registered under beneficiary's names)</b>	
<b>MOBILE NUMBER</b>	

**TERMS AND CONDITIONS**

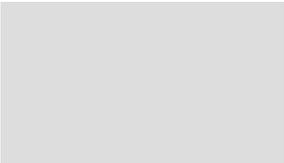
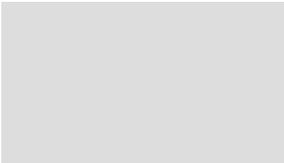
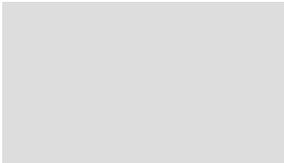
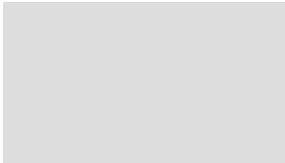
**By filling this form, the client agrees to the following;**

**1.** The client acknowledges that this service is voluntarily undertaken by the client. **2.** That the information provided is correct and NSSF shall not be responsible for any loss that is occasioned as a result of wrong information provided and acted on. **3.** That NSSF shall take reasonable steps to verify authenticity of the information given but NSSF shall not be liable for acting on a wrong and or forged detail provided to it. **4.** That NSSF shall use third parties like NIRA, Telecom Companies, Banks, Aggregators, Ministries, Departments and Government Agencies etc. as deemed appropriate to verify information provided. **5.** That NSSF shall use the contact details provided to share transactional information with the member e.g. claim status, statements and balances. **6.** The client shall properly manage his/her PIN, passwords, pass codes and NSSF shall not be liable for any loss that is occasioned as a result of mismanagement of PINs, passwords and pass codes. **7.** NSSF reserves the right to alter the terms and conditions herein and the client hereby agrees to be bound by such changes for as long as they are communicated to the clients. **8.** The client acknowledges that the services herein may be provided by a third party and NSSF is not responsible for the charges levied by, omission or commission of the third parties. **9.** That NSSF shall provide the service during working hours and any authorization or cancellation shall be made during these hours and NSSF shall not be responsible for completion or non-completion of the authorisation made after the working hours or made after the completion of a transaction. **10.** Working hours referred to in (9) above shall refer to any time from 8:00am to 5:00pm, Monday to Friday excluding public holidays.

**SECTION 6: FINGER PRINTS**

**SECTION 6A: RIGHT HAND FINGER PRINTS (Please indicate by ink the Finger print)**

**LEFT HAND THUMBPRINT LEFT HAND POINTER RIGHT HAND THUMBPRINT RIGHT HAND POINTER**

<b>LEFT HAND THUMBPRINT</b>	<b>LEFT HAND POINTER</b>	<b>RIGHT HAND THUMBPRINT</b>	<b>RIGHT HAND POINTER</b>
			

(To be signed in the presence of an NSSF Officer)

Claimant's Signature: .....Date (DD/MM/YYYY):.....Time (12- hour format):.....

**(a) By signing, I accept that I have read the T&Cs and hereby indicate my consent. (b) For persons with disability and those who cannot sign or present other traceable physical identifier, the NSSF officer shall consent to have officially authenticated.**

**SECTION 7: DECLARATION BY NSSF STAFF**

I (Name).....(Title).....hereby confirm that the thumb-prints and photograph attached belong to the claimant and that the claimant has been identified as per documentation provided.

Officer's Signature:.....Date (DD/MM/YYYY):.....Time (12- hour format):.....