



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

iii) System identification

a) Identical

b) Not identical

(Space for fingerprint)

c) Manual identification

LTP

RTP

(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