



NATIONAL SOCIAL SECURITY FUND

VOLUNTARY MEMBER REGISTRATION FORM

(Please use Block Letters throughout the form)

1. Full name (s) of Member*

.....

2. NSSF Number*

3. Nationality*

4. Identification No*

*(National ID for Citizens or Passport for Non-citizens) Attach Copy**

5. Tel Number*

6. Email Address*

7. Source of Income*

8. Expected Monthly Contribution*

9. Previous Employer*

Certification by the member*

I certify that the foregoing information is correct.

Signature of Member

Date:.....

Name of the signatory (BLOCK CAPITALS)

.....

For NSSF Official Use Only

Officer in Charge	
Branch	