



Comrade Trustee Services Limited

TRUSTEE FOR THE DEFENCE FORCE RETIREMENT BENEFIT FUND

P.O Box 497, Port Moresby, Telephone: +675 79987-909 / 79987-900 Fax: +675 323-9856
Email: memberservices@ctsl.com.pg Website: www.ctsl.com.pg

MEMBER DETAIL UPDATE FORM

1. PERSONAL DETAILS

Given Name: _____ Other Name: _____ Surname: _____

Member Number: _____ Payroll Code: _____ Phone: _____ Email: _____

Date of Birth: ____/____/____ Date Joined Employer: ____/____/____ Place of Residence: _____

Home Province: _____ Annual Salary: K _____ (excluding allowances)

Gender: Male Female Marital status: Single Married Divorced Widower/Widow

If married, name of spouse: _____ Date of Birth: ____/____/____ No of child dependents: _____

2. CURRENT EMPLOYER DETAILS

Employer Name: _____ Phone: _____
Suburb: _____ Mobile: _____
City/Town: _____ Email: _____
Province: _____ PO Box: _____

If you were previously employed, kindly provide details below;

Previous Employer	Commencement Date	Exit Date

3. BENEFICIARY LISTING – Note: Total share in percentage for your beneficiaries must add up to 100%

If the nominated beneficiary is below the age of 18years a guardian must be nominated

Name	Relationship to member	Date of Birth	Guardian	Share in %
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Member's Signature: _____

Date: ____/____/____

4. AUTHORIZATION BY THE EMPLOYER

The identity of the above member and information disclosed is hereby endorsed by the authorized employer representative.
I endorse this form to be used to register this employee's CTSL account.

Employer Representative		Designation or Position	
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Signature:		Date:	____/____/____
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Affix stamp here