

7. EMAIL NOTIFICATION SETUP (Please tick as appropriate)

How would you like to receive your vital documents?

[Welcome letters, Statement of Account, Other Vital Information]

Post/Courier E-mail Only

* Please sign within the box printed to authorise request

8. ATTACHED PROOF OF ADDRESS (Please tick one as appropriate)

Utility bill within the past three months
 Valid Drivers License (not expired)
 Recent Tenancy Agreements
 Voters Card
 National ID Card
 Active Bank Statement (within the past 3 months containing current address)

9. ATTACHED PERSONAL IDENTIFICATION DOCUMENT (Please tick one as appropriate)

Bio Data Page of Current Int'l Passport
 Official/Company Identification Card
 Drivers License Card
 National Identity Card

10. CERTIFICATION

I certify that the information given above is correct and I consent to indemnify and / or discharge the National Pension Commission (PenCom) from any liability with regards to my Client Familiarity Index details.

Date (DD/MM/YYYY)

/ /

Signature

(Please sign within

*

	Little Finger print	Ring Finger print	Middle Finger print	Index Finger print	Thumb print
* Left	BIOMETRICS CAPTURE ONLY	BIOMETRICS CAPTURE ONLY	BIOMETRICS CAPTURE ONLY	BIOMETRICS CAPTURE ONLY	BIOMETRICS CAPTURE ONLY
* Right	BIOMETRICS CAPTURE ONLY	BIOMETRICS CAPTURE ONLY	BIOMETRICS CAPTURE ONLY	BIOMETRICS CAPTURE ONLY	BIOMETRICS CAPTURE ONLY

11. CERTIFICATION

FOR INTERNAL USE ONLY

SALES REPRESENTATIVE

I hereby certify that I have sighted the original copies of documents provided by the RSA holder and that the information given above is correct to the best of my knowledge.

AUTHORISED SIPML AGENT

Agent Name:

Agent Location:

Agent Phone Number:

Agent Designation:

Date: / /

CLIENT RECORDS REPRESENTATIVE

I hereby verify that the form was correctly completed and relevant documents attached.

AUTHORISED SIGNATORY

SIPML Rep Name:

SIPML Rep Designation:

Date: / /

OFFICIAL USE ONLY

Form Reference Number:

Biometrics Registration Number (BRN)

Agent Code: