



MEMBERSHIP ENROLMENT FORM (MASTER-TRUST)

MEMBER NAME :

DATE OF BIRTH:

DD / MM / YYYY

MARITAL STATUS:

SINGLE MARRIED

GENDER :

MALE FEMALE

MOBILE NO.:

SSNIT NO.:

NATIONAL ID NO.:

EMPLOYER:

STAFF NO.:

DATE OF EMPLOYMENT:

DD / MM / YYYY

EMAIL:

CORRESPONDENCE ADDRESS:

NEXT OF KIN:

PHONE NO.:

ADDRESS:

RELATIONSHIP WITH NEXT OF KIN:

RELATIVE FRIEND

SCHEME(S)

CEDAR PENSION SCHEME

CEDAR PROVIDENT FUND

BENEFICIARY DETAILS

	1	2	3
NAME			
DATE OF BIRTH	DD / MM / YYYY	DD / MM / YYYY	DD / MM / YYYY
TEL			
EMAIL			
ADDRESS			
RELATIONSHIP			
(%)			

DECLARATION

I hereby confirm that the information provided herein is accurate, correct and complete. I hereby confirm that Axis shall not be liable to me or any other person where I have entered incorrect details. I shall indemnify and keep Axis indemnified against all actions, proceedings, claims, demands, liabilities, losses, costs, charges, damages and expenses in relation to and arising out of Axis's use of the information provided herein and to pay or reimburse Axis for any such suffered or incurred by Axis in consequence thereof.

.....
MEMBER SIGNATURE

.....
DATE