

Membership Number

\_\_\_\_\_

Application by Members to Correct/  
Change Name Spelling or other Particulars.

Membership Card (NPF 7) Must Be Attached.

Employers Number

\_\_\_\_\_

Surname (PRINT)

\_\_\_\_\_

Other Names (PRINT)

\_\_\_\_\_

Employee's Home  
Address (Block Capitals)

\_\_\_\_\_

Place of Birth (Village/Town)

Island

\_\_\_\_\_

Fathers name in Full

\_\_\_\_\_

Sex

Occupation

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Age

\_\_\_\_\_

**MEMBERS LEFT  
THUMB IMPRESSION**

Employee's Signature.....

Signature of Witness to  
Thumb print/Signature .....

Designation of Witness  
(Employer, Employer's Representative or Office NPF)

\_\_\_\_\_

Date

\_\_\_\_\_

**FOR OFFICIAL USE ONLY**

EVIDENCE FOR CHANGE SIGHTED .....

DETAILS .....

.....

.....

<b>FOR OFFICIAL USE ONLY</b>	Forms Amended	Initials	Date
	NPF 6		
	NPF 8		
	NPF 9		
	MEMBERS CARD NPF 7		