



Comrade Trustee Services Limited

TRUSTEE FOR THE DEFENCE FORCE RETIREMENT BENEFIT FUND

P.O Box 497, Port Moresby, Telephone: 79987-900
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: _____ (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	
Signature:		Date:	____/____/____

Affix stamp here