



NICO LIFE INSURANCE COMPANY LIMITED

P.O. BOX 3044, BLANTYRE

NAME OF SCHEME:.....

APPLICATION FOR MEMBERSHIP

Membership No:.....

(to be inserted by NICO Life Insurance Company Ltd)

SECTION A

(TO BE COMPLETED BY THE EMPLOYEE WHEN ELIGIBLE IN BLOCK LETTERS)

NAME OF EMPLOYER:.....

EMPLOYEE'S NAME IN FULL:.....

I, the undersigned hereby apply for admission for membership of the above mentioned Scheme. I agree to be bound by the provision of the said Scheme in force from time to time and my employer is hereby authorized to deduct from every payment of salary due to me the amounts required to be contributed by me in terms of these provisions. I further agree to submit my Birth or Baptismal Certificate to the NICO Life Insurance Company Limited, Blantyre, as evidence of my date of birth, or should neither of these certificates be available to me, such other evidence as may be required by the said Insurance Company.

Dated this:..... day of 20.....

Name of witness:.....

Address:.....

Signature of Witness

Name of Employee:.....

Signature of Employee

Address:.....

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SECTION B (TO BE COMPLETED BY THE EMPLOYER)

DETAILS RELATING TO EMPLOYEE

- (a) Name of Employee:.....
- (b) Sex:.....
- (c) Date of Birth:.....
- (d) Occupation:.....
- (e) Date of Appointment:.....
- (f) Date of Entry into Scheme:.....
- (g) Salary per Annum on **Date of Entry into Scheme**:.....

EVIDENCE OF AGE

- (a) Attached or to follow (please indicate):.....
- (b) Nature of Evidence (please indicate):.....

THE "DATE OF ENTRY INTO SCHEME" MUST BE THE FIRST DAY OF THE MONTH COINCIDENT WITH OR NEXT FOLLOWING THE DATE OF COMPLETION OF THE ELIGIBILITY REQUIREMENTS. I FURTHER CONFIRM THAT THE ABOVE NAMED WAS AT WORK ON DATE OF ENTRY.

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Signature of Employer