

MEMBER UPDATE FORM

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Important Note:

Please complete this form only if you've updated your personal details (such as your name, address, or contact information) with your employer.

To help us keep our records accurate, let us know what has changed by ticking the relevant boxes and providing the updated information below.

Employer Name: _____	Employer Number						
Payroll Number: _____	Reporting Centre: _____						
Surname: _____	Given Name: _____						
Date of Birth: _____ / _____ / _____	Gender:	M		F			
Mobile Number: _____	Email: _____						

Signature of Member: Date: / /

Basic Requirements: Supporting documents and other necessary information provided. (please tick as appropriate below)

Member Update Form	
Statutory Declaration (signed and stamped) ONLY if member has changed name (example: got married)	
Identify change made:	

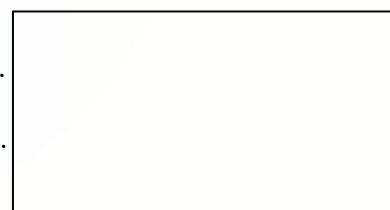
EMPLOYER'S DECLARATION

I certify that the information updated, signed or thumb-printed in my presence is true and correct.

Name of Authorising Officer.....

Signature of Employer (Authorising Officer)

Date: / /



Company Stamp