



**Particulars of Member of the Seychelles Pension Fund**

**To be completed in CAPITAL letters to update the present database of members**

**Personal Details**

Sex <input type="checkbox"/> F <input type="checkbox"/> M	Family name	Given name
	Family name at birth (if different)	Date of Birth <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Place of Birth _____ _____ _____		National Identity Number <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/>
Telephone Home:                      Office:	Address	

**Spouse Details**

Name:.....	National Identity Number <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/>
Given Name:.....	

**Children Details if any**

Name:.....	National Identity Number <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/>
Given Name:.....	
Name:.....	National Identity Number <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/>
Given Name:.....	
Name:.....	National Identity Number <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/>
Given Name:.....	

**Salary Record**

Year	Gross Salary per year
2001	_____
2002	_____
2003	_____
2004	_____
2005	_____

**Employment details**


Date of first employment .....

Date of employment in current post.....

Present post..... Name of Employer.....

**Declaration and Signature**

I declare that all information given in this form is true

Sign here  \_\_\_\_\_

Date: \_\_\_\_\_

**Employer's comments**

(to check and certify if information given is correct)

Sign here  \_\_\_\_\_

Position: \_\_\_\_\_

**Children Details if any**

Name:..... Given Name:.....	National Identity Number □□□/□□□□□/□/□/□□
Name:..... Given Name:.....	National Identity Number □□□/□□□□□/□/□/□□
Name:..... Given Name:.....	National Identity Number □□□/□□□□□/□/□/□□