

ZEIPF AND ZESA STAFF PENSION FUND MEMBER UPDATE FORM

EC Number.....

First name.....Surname.....

Date of birth.....Gender.....

Marital status.....ID Number.....

Company.....Region/Station.....

Email address.....

Cell number.....Telephone number.....

Physical address.....

Spouse 1 Full name.....ID.....

Spouse DOB.....Cell Number.....

Spouse 2 Full name.....ID.....

Spouse DOB.....Cell Number.....

Children:

	<u>Name</u>	<u>DOB</u>
Child 1		
Child 2		
Child 3		
Child 4		

Next of Kin First name.....Next of Kin Surname.....

Next of kin Cell Number.....Next of kin Telephone number.....

Next of kin physical address.....

Member signature.....Date.....

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