



PNG POWER STAFF SAVINGS & LOAN SOCIETY LIMITED
P.O. BOX 7575, BOROKO, PAPUA NEW GUINEA - TELEPHONE 311 2458/311 2459/325 9300

APPLICATION TO BE A MEMBER OF THE PNG POWER STAFF SAVINGS & LOAN SOCIETY FAMILY PROTECTION PLAN

Family name of member: _____

Given Name(s): _____

Staff No: _____ Date of Birth: ____/____/____ Male/Female

Postal Address: _____

Dependants (Husband/Wife(s) & children under 18 years of age

Family Name	Given Name(s)	Relationship	Date of Birth

DECLARATION OF BENEFICIARY (RIES)

I hereby request and declare that any benefits due and payable under the Death Benefit Portion of this Plan be made payable to: -

Name(s): _____

Address: _____

Phone: _____

Member to sign: _____ Date: ____/____/____

AUTHORITY TO DEDUCT FORTNIGHTLY PAYMENTS FOR FAMILY PROTECTION PLAN

STAFF NO: _____ DATE: ____/____/____

The Pay Officer
PNG Power Limited

Dear Sir,

I, _____ request that you deduct K _____

Each fortnight from my salary and that you pay this

Money to the PNG Power Staff Savings & Loan Society Limited.

I will advise the Society when I wish this request to be altered.

Member's Signature

Witness's Signature

Send to: PNG POWER STAFF SAVINGS & LOAN SOCIETY LIMITED

P. O. BOX 7575, BOROKO, N.C.D. PNG

