

NSITF CONTRIBUTION TRANSFER APPLICATION FORM

A. PARTICULARS OF MEMBER

Surname.....
 First Name.....
 Other Names.....
 Date of Birth.....
 Telephone.....
 Email

B. PARTICULARS OF EMPLOYERS

S/N	Name of Employer	Address	Period Spent with Employer	NSITF Membership Number

C. CONTRIBUTIONS

(i) Beginning Month/Year of Contribution
 (ii) End Month/Year of Contribution.....
 (iii) Total Amount Contributed.....

D. RSA DETAILS

(i) Name of PFA
 (ii) RSA PIN.....

DECLARATION

I hereby apply for my contributions made under NPF/NSITF Scheme together with any accrued income thereof to be transferred to my RSA as stated above.

Name.....

Signature

Right Thumbprint

Date

NOTE THE FOLLOWING FOR SUBMISSION

1. Human Resource Managers can also compile and submit the forms on behalf of their employees.
2. Members are advised to send their completed forms as soon as possible to enable NSITF commence the reconciliation and update of their statement of account on time.
3. This application Form should be submitted along with the following:
 - Original copy of NSITF Membership Certificate
 - Means of Identification /Photocopy (Driver’s License or International Passport, National ID card)