



MEMBER UPDATE FORM

JUDICIAL SERVICE PROVIDENT FUND SCHEME

ATTACH
PASSPORT
PICTURE

Kindly complete all sections of this form and submit to JUSAG Secretariat

TYPE OF SCHEME
(kindly tick)

☐

Occupational Pension Scheme

☐

Employer Sponsored Scheme

NOTE: All information should be written legibly and boldly in CAPITAL LETTERS. Kindly attach a copy of a national ID to the completed form

MEMBER DETAILS

*GHANA CARD
ID NUMBER

*STAFF ID NO.

NAME

PREVIOUS NAME/
MAIDEN NAME

DATE OF BIRTH

GENDER
(PLEASE TICK)

☐

Male

☐

Female

☐

Single

☐

Married

NATIONALITY

MARITAL STATUS
(PLEASE TICK)

☐

Divorced

☐

Widowed

COUNTRY OF BIRTH

PLACE OF BIRTH

TOWN

DISTRICT

REGION

CURRENT CONTACT DETAILS

PERMANENT ADDRESS

MOBILE PHONE NO.

MAILING ADDRESS

E-MAIL ADDRESS

IDENTIFICATION DETAILS

TAX ID NO. (TIN)

SOCIAL SECURITY NO.

NAME OF FATHER

ADDRESS OF FATHER

NAME OF MOTHER

ADDRESS OF MOTHER

NATURE OF EMPLOYMENT

EMPLOYER'S NAME

EMPLOYER'S ADDRESS

EMPLOYER'S TEL NO.

NATURE OF INCOME

☐

Weekly

☐

Bi Weekly

☐

Monthly

☐

Quarterly



BENEFICIARY NOMINATION

I nominate the person(s) below to receive my benefits in the event of my death:

NAME	DATE OF BIRTH	RELATIONSHIP	CONTACT NUMBER	PERCENTAGE (To Total 100%)

DECLARATION:

I declare that the information I have given in this application form is accurate and complete at the date of signing and shall notify Old Mutual Pensions Trust Ghana Limited immediately if any of this information changes.

Preferred Mode of Communication (please tick):

Mobile ☐

E-mail ☐

Postal ☐

Date

Member Signature

OFFICIAL USE ONLY

Date

Verified By

Signature & Stamp