



**WARNING:** It is an offence, if any person, for any purpose connected with the FNPF Decree and Tax Administration Decree:-(i) Knowingly makes any false statements or

(ii) Produces or furnishes or causes or knowingly provide any document which he or she knows to be false in material particular.

# JOINT CARD REGISTRATION FORM

- For first issue, provide your FNPF Member ID card, and an original or certified copy of full extract Birth Certificate or Marriage Certificate if you are using or wish to use your married name.
- Provide any other form of photo Identification if you DO NOT have an FNPF Member ID card (e.g. Passport/Driving License/EVR card).
- Please pay fee only if you are applying for a replacement joint ID card at any FNPF or FRCA office and attach receipt.
- Please refer overleaf for instructions on filling the form.
- Use BLOCK LETTERS.

1. Tax Identification		2. FNPF Number:	3.	Birth Reg	
4. Applicant Name:					
4(a). First Name:					
4(b). Other Names:					
4(c). Surname:					
4(d). Married Name: (Optional and	for married woman)				
5. Father's Name: (Mother's Name	if Father's Name is not on the E	Birth Certificate)			
6. Date of Birth: (dd/mm/yyyy)	7. Gender: (√) 8. Marit	tal Status: (√)	9. MC Reg Number	r: 10. Usu	ual Occupation:
	M F M	S			
14. Card Details: (place a tick in	n one of the boxes belov	v)	Phone (Work): Mobile: Email:		
1st Issue Rene	ewal Replacem	nent card	Reason for replacer	ment:	
15.	16. Applicant's Signatur	re:		17.	
	Witness' Signature: .		Date:		
	Name of Witness:				1x passport sized photo duly certified by a JP,
	Title of Witness:				Commissioner for Oaths, Solicitor or FRCA/FNPF
Left thumbprint of Applicant	Employer.	•	d to witness the appl ner Service Counter Of.	•	Customer Service Counte Officer

### **18. CORRECTION/CHANGE IN APPLICANT DETAILS**

This section of the form must be completed whenever a change or correction is required for the existing records kept in the FRCA/FNPF system, such as Applicant's Name, incorrect Date of Birth and/or old Signature. The records, as they are on the FRCA/FNPF system should be filled in below where applicable, to be changed to detail filled in above Card Request form particulars for the applicant.

□ Old Name:																					
Old Father's/Mother's Name	:																				
Old DOB:			Γ																		
□ Signature:		1		1	1																
						Na	ame						S	Sigr	atu	re		D	ate		
Vetting Officer																					
Approving Officer																					

## **INSTRUCTIONS FOR COMPLETING A 'JOINT CARD REQUEST FORM'**

#### **General Information**

A person must have a Tax Identification Number and an FNPF Number before completing this form. Complete the form in black or blue pen.

PRINT clearly with **BLOCK** letters and provide relevant information in the boxes provided. If an item is not applicable write "N/A" in the box.

- 1. Write the valid Tax Identification Number (TIN) issued by FRCA.
- 2. Write the valid FNPF membership number issued by FNPF.
- 3. Write the Birth Registration Number given in the box on the upper right hand corner of the Birth Certificate. (Do not complete this Box if you have a foreign birth certificate).
- 4. Write the name(s) as shown on your Birth Certificate:
  - 4(a). First name.
    - 4(b) Other names.
    - 4(c). Last Name/Surname.

4(d). If you are a married woman and opt to use your marriage name, write the marriage name as on the Marriage Certificate.

- 5. Write your Father's Name as shown on the Birth Certificate. If the Father's name is not given, write your Mother's name as per Birth Certificate.
- 6. Write your date of birth from the Birth Certificate in the format (dd/mm/yyyy).
- 7. Tick either (M) for male or (F) for female.
- 8. Tick either (M ) for married or (S) for single.
- 9. Write your Marriage Certificate Registration Number (applicable to married women only if you choose to use your marriage name).
- 10. Write your usual and current occupation.
- 11. Write your current home address.
- 12. Write your current postal address which you use to collect your mails.
- 13. Write your Home and Work Phone Contacts together with your mobile contact and email address in the spaces provided.
- 14. Tick in one of the boxes the type of card that you are requesting. Indicate your reason if you are requesting for a replacement card.

#### A fee will be charged if you are applying for a replacement card.

- 15. Place your Left Thumbprint with your Signature in the space provided.
- These should be witnessed either by your Employer, FRCA/FNPF Customer Service Counter Officers, Justice of Peace, District Officers or Commissioner for Oaths.
- 16. The witnessing officer to the applicant's left thumbprint and signature should put his/her Signature, Title and Date in the spaces provided.
- 17. If you **DO NOT** have any other form of photo Identification or cannot come to any FRCA/FNPF Customer Services Office in person, a **certified passport size photo with WHITE BACKGROUND** is necessary. All passport sized photos must meet the specification set by FNPF & FRCA and be certified by one of the following persons: FRCA/FNPF Customer Service Counter Officers, Justice of Peace, District Officers or Commissioner for Oaths.
- 18. Any changes made to the name, father's/mother's name, DOB and/or signature must be signed off by the applicant.

#### What to do with the completed form?

Take the completed form with the required documents to any FRCA/FNPF Customer Services Centre near you. The counter officers will be there to assist if you need help in completing this form.

### FOR OFFICIAL USE ONLY

This section of the form is to be completed by officers authorised to perform the functions clearly outlined in the Joint ID Card Procedure Manual. All details checked must be verified against information extracted from the FRCA/FNPF System Records.

Signature Verified		Name	Signature	Date
Photo Validated/Captured	Vetting Officer			
E Fee Paid	Approving Officer			
Documents Filed	Issuing Officer			
Card Printed	Issuing Officer			
Card Issued				
□ JID Form filed				
Receipt No.:				
Docs submitted for 1st Issue	Docs Type	e: Doc No		