



Comrade Trustee Services Limited

TRUSTEE FOR THE DEFENCE FORCE RETIREMENT BENEFIT FUND

P.O Box 497, Port Moresby, Telephone: +675 323-3651/79987-909 Fax: +675 323-9856
Email: memberservices@ctsl.com.pg Website: www.ctsl.com.pg

DFRBF MEMBER I.D CARD APPLICATION

1. PERSONAL & EMPLOYMENT DETAILS

Surname: _____ Given Name: _____ Other Name: _____

Rank: _____ Member Number: _____ Gender: Male Female

2. MEMBERSHIP STATUS

- ▶ NOTE: 1. Please complete the appropriate section below applicable to your current membership status
- 2. Data provided will be verified against our records and amended according to CTSL file records.

A. CONTRIBUTOR

Service No: _____ Payroll No: _____ Date of Birth: ____/____/____

Date of Enlistment: ____/____/____

Current Location (Unit of deployment/City/Town): _____

B. PENSIONER

Pension Commencement Date: ____/____/____ Date Discharged from PNGDF: ____/____/____

Service No: _____ Pension No: _____ Date of Birth: ____/____/____

Type of Pension: Normal Retirement Pensioner Medical Pensioner Widow Pensioner Child Pensioner

Current Location (Province/City/Town/Village): _____

3. ADDRESS & CONTACT DETAILS

Unit Mailing Address: _____

☎ Landline: _____ Mobile _____ Fax _____

✉ Email: _____

Signature of I.D Card Holder (Please affix your signature, in black or blue ink, within the confines of the box below)

Date: ____/____/____

MEMBER ID CARD CHECKLIST – CTSL MEMBER SERVICE OFFICE

1. ID CARD APPLICANT DETAILS

Name: _____

Membership Type: Contributor Pensioner

2. NATURE OF ID CARD ISSUE

- a. First time issue
- b. Replacement due to expiry
- c. Replacement due to Accumulation members with new member number.
- d. Replacement due to loss Theft or Damaged ID card

Fee of K _____ (deposited into BSP: Account Name: CTSL Benefit Account, Branch: POM,
Account Number: 1000964139)

3. PROOF OF IDENTIFICATION/DEPENDENT

- a. PNGDF ID Card
- b. Driver's License
- c. Passport
- d. Letter of I.D from Personnel Branch of PNGDF
- e. Signature Verification
- f. Member is identified by an authorized endorsee;

Name of Endorsee: _____

Designation: _____

Signature: _____

4. VERIFICATION PROCESS

- a. Applicant signature is verified
- b. Sufficient identification is provided and or necessary copies of ID attached
- c. Member is an active contributor or pensioner of the Fund
- d. Member Data Consistency check satisfied

Compiled/Checked by: _____ Signature: _____ Time: _____ Date: ___/___/___

Approved By: _____ Signature: _____ Time: _____ Date: ___/___/___