Comrade Trustee Services Limited

TRUSTEE FOR THE DEFENCE FORCE RETIREMENT BENEFIT FUND

P.O Box 497, Port Moresby, Telephone: 79987900
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 ☐ Child Pensioner

Pensioner Current Location (Province/City/Town/Village): ☐

3. ADDRESS & CONTACT DETAILS

Unit Mailing Address: _____

☏Landline: _____ Mobile_____

✉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 APPLICANTDETAILS

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: ___/___/____