

**Procedure for Completing Amendment Form:**

1. Complete the form by filling the omitted gaps
2. Completed form to be counter signed by your employer
3. Return the form with copies of relevant NSITF Form 05 and payment receipt to the nearest Trustfund office



# TRUSTFUND PENSIONS PLC

For Employee's Use

## AMENDMENT FORM ON THE NSITF CONTRIBUTORS' STATEMENTS OF ACCOUNT ( 1<sup>ST</sup> JULY 1994 TO DECEMBER 2004)

Employer's Name: .....

Employee's Name: .....

Locational Address: .....

Employee's No: .....

S/No	Type of Observation	Period Covered (Specify)											
		Months	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
		January											
		February											
		March											
		April											
		May											
		June											
		July											
		August											
		September											
		October											
		November											
		December											

Employee's Use

Employer's Use

Trustfund's Use ..... Branch Office

Designation: \_\_\_\_\_

Comments: \_\_\_\_\_

Comments: \_\_\_\_\_

Signature/ Thumb Print: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E-mail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel. No: \_\_\_\_\_

Authorized Officer: \_\_\_\_\_

Branch Mgr's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Designation: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Download. Fill and forward to the nearest Trustfund Office.