

Serial No: _____



PHOTOGRAPH

**PERSATUAN JURURAWAT MALAYSIA
(MALAYSIAN NURSES ASSOCIATION)**

BENEVOLENT FUND – NOMINATION FORM

A. PERSONAL INFORMATION: MEMBER'S PARTICULARS

Instruction: Please complete, sign and date this form to designate your beneficiary / update information.

1. Full Name: (Block Letter)		
2. NRIC Number:		
3. E-mail Address:		
4. Telephone No:	Office:	H/P:
5. Home Address:		

B. MEMBERSHIP:

1. MNA No:	2. MNF No:
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C. PRIMARY BENEFICIARY

I nominate the person named below to be the primary beneficiary of the Benevolent Fund that may be payable at the time of my death.

Name & Address	NRIC Number	Relationship	Phone No:
			Home:
			Mobile:

D. CONTINGENT BENEFICIARY

If the primary beneficiary expires before me, I nominate the person named below to be the contingent beneficiary.

Name & Address	NRIC Number	Relationship	Phone No:
			Home:
			Mobile:

Signature :

Name (In Block Letters) :

Date :

MNA/BF-2014

Office use



**PERSATUAN JURURAWAT MALAYSIA
(MALAYSIAN NURSES ASSOCIATION)
APPLICATION FORM FOR BENEVOLENT FUND**

A. MEMBER'S PARTICULARS (DEMISE)		
1. Full Name (Block Letter)		
2. NRIC Number:	*Please attach photocopy.	
3. Date of Death:	*Please attach copy of death certificate.	
B. BENEFICIARY'S PARTICULARS		
1. Full Name: (Block Letter)		
2. NRIC Number:	*Please attach photocopy.	
3. Relationship:		
4. Address/ Postcode:		
5. Telephone No.	Home:	H/P:
C. CHEQUE RECEIVED (office use)		
1. CHEQUE NO:		
2. Date:		
3. Name:		
4. Signature:		
5. NRIC Number:		
D. WITNESS		
1. Name :		
2. Signature:		