

NATIONAL PROVIDENT FUND

P.O Box 619, Honiara

APPLICATION FOR WITHDRAWAL BY GUARDIAN OF NOMINEE(S) UNDER AGE 18 YEARS OF AGE

FOR OFFICIAL
USE

Particulars of Deceased Member:

- 1. National Provident Fund Number
(Enclose Membership Card if available)
- 2. Members Full Name (a) Surname _____
(b) Other Names _____
- 3. (a) Date of Members Birth _____
(b) Place of Birth _____
(c) Fathers name in full _____
- 4. Date of Death of Member _____
(Death Certificate or Burial Certificate must be produced)
- 5. Name and address of Members employers during three months prior to the Members Death

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Particulars of Nominee:

- 6. Full name of Nominee _____
- 7. Date of Birth _____
- 8. Relationship of Applicant to deceased Member _____

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Particulars of Guardian:

- 9. Full name of Guardian _____
- 10. Full address of Parent/Guardian
- 11. Date of Birth _____
- 12. Relationship of Guardian to Nominee _____
- 13. Relationship of Guardian to Deceased _____

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Details for Purpose of Withdrawal:

- 14. Purpose for Withdrawal (if school fees, state name and postal address of school)

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- 15. Amount Requested _____
- 16. I have read the warning below or had it read to me. I declare that all the statements on this form are true and correct to the best of my knowledge and belief.

LEFT THUMBPRINT

Signature of Guardian Date _____
(To be signed before a qualified Witness described overleaf)

Signature of Witness
(to Signature/Thumbprint)

COMPLETE WITNESS STATEMENT OVERLEAF

WARNING : TO GIVE FALSE INFORMATION MAY RESULT IN PROSECUTION

WITNESS

Name of Witness _____

Address of Witness

Telephone Number
of Witness

Qualification to act as Witness _____

Is the Guardian personally known to you?

If yes :-

(a) Is the Guardian correctly identified on the overleaf?

(b) Is the Guardians alleged relationship to the Nominee and the Deceased as described in Paragraph 12 and 13 on the overleaf true?

(c) Is it within your personal knowledge that the Guardian is the true guardian of the Nominee?

If no :-

(a) Who has identified the Guardian to you?

Name :

Address :

Telephone No. :

(b) Has the identifier satisfied you as the truth of the Guardian alleged relationship to the deceased as described in Paragraph 13 on the overleaf?

(c) Is the identifier personally known to you?

Have you explained to the Guardian the Warning printed on the overleaf?

I declare that the answers I have given above are true to the best of my knowledge and belief.

Signature Date

Office Stamp (if any)

QUALIFICATIONS

The Witness may be a Manager or Accountant of a Statutory body, a Bank Manager, a Judge, Magistrate, a Solicitor, a Police Officer not below the rank of Sergeant, a Medical Practitioner, a Public Officer holding a post of or above level 7, a Commissioner of Oaths, or a Church Minister resident in an urban center.

NOTES

The amount payable to a Applicant does not form part of the deceaseds estate.

OFFICIAL USE ONLY

Form W Sent		
Reminder Sent (if any)		
Details Checked vs NPF 6 & NPF 8		
Relationship	Share	
Proof of Death Furnished		Supervisor
If school fee, school verification obtained		
Withdrawal Authorised		Manager
Contributions in ledger at		19
Additional Interest due at		%
Contributions on Form W		
Special Death Benefit		
TOTAL		
SHARE		
Payment Voucher Number		Supervisor
Cheque Number	(NPF 31 Prepared)	Cashier
Checked		Accountant
Cheque Signed		Manager
Cheque Sent to		Supervisor