

NATIONAL PROVIDENT FUND

P.O Box 619, Honiara

APPLICATION FOR WITHDRAWAL OF CONTRIBUTIONS BY MEMBER WHO IS 40 OR MORE YEARS OF AGE AND HAS RETIRED FROM EMPLOYMENT AS AN EMPLOYEE

FOR OFFICIAL
USE

1. Employer Registration Number _____

2. Members Details (please PRINT all your responses) :

(a) Surname : _____

(b) Other Name(s) : _____

3. Other Details (please PRINT all your responses) :

(a) Date of Birth : _____ (b) Age : _____

(c) Place of Birth : _____

(d) Fathers Full Name : _____

4. Please forward the cheque by registered post to :

5. Are you sending evidence of your age?

(attach your birth certificate or baptismal certificate if available)

6. Name of last employer : _____

Address : _____

7. Please state the last day you were (or will be) employed for wages.

8. Have you retired from wage employment?

(or will you have retired by the date entered in Paragraph 7 above)

9. Name and address of other Employers (if any) during the three months prior to this application :

10. I wish to claim the amounts due to me. 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 Member
(To be signed before a qualified Witness described overleaf)

Date _____

Signature of Witness
(to Signature/Thumbprint)

COMPLETE WITNESS STATEMENT OVERLEAF

WARNING : TO GIVE FALSE INFORMATION MAY RESULT IN PROSECUTION

WITNESS

If you are the members employer, please state your employers registration number with the National Provident Fund. If not the employer, please state your qualification to act as Witness.

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Has the Member shown you their certificate of Membership (Membership Card)?

Is the Member personally known to you?

If so, is the Member correctly identified on the overleaf?

If the Member is not personally known to you, who has identified the member to you? Please provide the name and address.

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Is the Member aware of the Warning printed on the overleaf?

I certify that I have satisfied myself as to the identity of the member named overleaf.

Signature Date _____

Print Name and Address of Witness

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Office Stamp (if any)

QUALIFICATIONS

The Witness may be the Members Employer, a Bank Manager, a Judge, a Magistrate, a Minister of Religion, a Justice of the Peace, a Solicitor, a Police Officer not below the rank of Sergeant, a Head School Teacher, a Medical Practitioner, a Public Officer holding a post of or above level 7, a Commissioner of Oaths or a Government Agent.

NOTES

The amount standing to your credit cannot be ascertained without reference to your employer (or employers) who will be asked to supply this information as soon as possible. You may expect 14 days to elapse between the date your application is received and the day you receive your cheque.

A person who has withdrawn on the grounds that he is 40 or more years of age and has retired from employment and subsequently returns to work will be required to pay contributions in the normal way. Thereafter he is not entitled to withdraw until 10 years have elapsed.

OFFICIAL USE ONLY

Form W Sent		
Reminder Sent (if any)		
Details Checked vs NPF 6		Supervisor
Withdrawal Authorised		Manager
Date of Entitlement		
Contributions in ledger at		\$ ¢
Additional Interest due at	%	
Contributions on Form W.....		
	TOTAL	
Payment Voucher Number	Supervisor	
Cheque Number	(NPF 31 Prepared) Cashier	
Checked	Accountant	
Cheque Signed	Manager	