

NATIONAL PROVIDENT FUND

P.O Box 619, Honiara

APPLICATION FOR WITHDRAWAL BY A MEMBER LEAVING SOLOMON ISLANDS WITH NO INTENTION TO RETURN

FOR OFFICIAL USE

1. National Provident Fund Number (Enclose Membership Card)

2. Members Full Name (a) Surname _____
(Please use CAPITAL LETTERS)

(b) Other Names _____

3. (a) Date of Members Birth _____

(c) Place of Birth _____

(d) Fathers name in full _____

(Please use CAPITAL LETTERS)

4. Please forward the cheque by registered post to the following address:

5. Name and Address of present employer

6. Name and address of other employers (if any) during the three months prior to this application

7. Date last employed or intended termination of employment _____

8. I am the holder of Passport No. _____ issued by the Government of _____ on _____

9. I am leaving Solomon Islands on or about _____ and I have no intention of returning.

10. I will not be returning to the Solomon Islands for the following reasons:

11. I have/have not a Permit/Visa No. _____ to enter and reside in _____ where my address will be: _____

Please attach certified copy of Permit/Visa

12. I intend to leave by (state name of airline/shipping company): _____

13. I have purchased ticket(s) number(s) _____ from (name and address of travel agent) _____

I hereby certify that the above information is true and correct and that I have no intention of returning to Solomon Islands.

LEFT THUMBPRINT

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

Signature of Witness
(to Signature/Thumb print)

COMPLETE WITNESS STATEMENT OVERLEAF

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 this 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 overleaf?

To your knowledge, is the Member leaving Solomon Islands permanently?

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 5, 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.

OFFICIAL USE ONLY

Form W Sent																					
Reminder Sent (if any)																					
Details Checked vs NPF 6		Supervisor																			
Withdrawal Authorised		Manager																			
Date of Entitlement																					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"></td> <td style="width:10%;"></td> <td style="width:10%; text-align: right;">\$</td> <td style="width:10%; text-align: right;">¢</td> </tr> <tr> <td>Contributions in ledger at</td> <td align="right">19</td> <td colspan="2">.....</td> </tr> <tr> <td>Additional Interest due at</td> <td align="right">%</td> <td colspan="2">.....</td> </tr> <tr> <td>Contributions on Form W</td> <td></td> <td colspan="2">.....</td> </tr> <tr> <td align="right" colspan="3">TOTAL</td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table>				\$	¢	Contributions in ledger at	19		Additional Interest due at	%		Contributions on Form W			TOTAL			
		\$	¢																		
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Additional Interest due at	%																			
Contributions on Form W																				
TOTAL																					
Payment Voucher Number		Supervisor																			
Cheque Number (NPF 31 Prepared)		Cashier																			
Checked		Accountant																			
Cheque Signed		Manager																			