

NATIONAL PROVIDENT FUND

P.O Box 619, Honiara

CERTIFICATE OF TERMINATION OF EMPLOYMENT

Employer Registration Number _____

In pursuance of Section 29 (2)(C) of the Solomon Islands National Provident Fund Act 1973, I certify that the Employee named below HAS ceased employment with this Employer.

- 1. Full Name of Employee : _____
- 2. Employees Membership Number : _____
- 3. Date Employment Started : _____
- 4. Date Employment Ceased : _____
- 5. Cause of ceasing work (state whether dismissal or redundancy or other reason):

- 6. If dismissal, has the Employee lodged a complaint with the Trade Dispute Panel : _____
- 7. If yes to Question 6 above, what was the decision of the Trade Dispute Panel?

- 8. If redundancy, please attach a copy of the redundancy notice sent to the Labour Division in relation to this employee. (NB The copy requested here must be a copy of the redundancy notice send to Labour Division 28 days before the Employee was made redundant as required under Section 21 of the Employment Act 1981)
- 9. Occupation at time of ceasing work : _____
- 10. Employers Address :

Name : _____ Position : _____

Signature : Date : _____

Official Stamp :

NOTE: THIS CERTIFICATE MUST BE SIGNED BY THE MANAGER OR HIS ASSISTANT