

NATIONAL PROVIDENT FUND

P.O Box 619, Honiara

**APPLICATION FOR WITHDRAWAL OF CONTRIBUTIONS BY EXEMPTED MEMBER
UNDER SECTION 50 OF THE NPF ACT**

FOR OFFICIAL
USE

1. Employee's Registration Number _____

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

(a) Surname : _____

(b) Other Name(s) : _____

(c) Date of Birth : _____ Age : _____

(d) Place of Birth : _____

(e) Fathers Full Name : _____

3. Mode of collection of cheque (Tick Appropriate Box):

Collect Personally

Deposit into Account Account No. _____ Bank _____

4. Evidence of Minister of Finance approval for exemption provided?

(Gazetted or Stamped Document)

5. Name and address of current Employer :

6. Date last employed : _____

7. 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 Date _____
(To be signed before a qualified Witness described overleaf)

Signature of Witness
(to Signature/Thumbprint) Date _____

COMPLETE WITNESS STATEMENT OVERLEAF

WARNING : TO GIVE FALSE INFORMATION MAY RESULT IN PROSECUTION

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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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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.

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.

OFFICIAL USE ONLY

Members Account/Personal Details checked by Supervisor (CS)	Date	
Members Pledge Account checked by Pledge Officer.....	Date	
Members Account/Pledge/Personal Details checked by Supervisor (MS)	Date	
Members Account/Pledge/Personal Details checked by Assistant Manager (MS)	Date	
Withdrawal Checked and Authorized by Manaer Operations	Date	
Contributions in ledger at,/...../.....		\$
Additional Interest due at%		\$
Total Payable		\$
Checked by Senior Accountant	Date	
Payment Voucher Number Cheque Number Withdrawal	Date	
Checked by Assistant Manager Finance	Date	
Checked and Authorized by Manager Finance	Date	