



**Solomon Islands National Provident Fund**  
NPF Building, Mendana Avenue, PO Box 619, Honiara, Solomon Islands  
**Telephone:** 21659 **Email:** enquiries@sinpf.org.sb

# Application Form 32

## APPLICATION FOR WITHDRAWAL OF CONTRIBUTIONS BY EXEMPTED MEMBER UNDER SECTION 50 OF THE NPF ACT (CAP 109)

1. A sum of up to \$5,000 for members under the age of 50 years who are temporary laid off or stand down due to the effects of the COVID-19 or are unemployed as at 31st December 2019 and are residing within the emergency zone declared by the Prime Minister. Members whose balances are below \$5,000 are to be paid 50% of their balances.
2. Members who are made redundant due to the effects of COVID-19 be waived the 3 months waiting period and be paid 1/3 of their contribution or in full, if the balance is less than \$10,000. The remaining balance will be paid according to the SINPF schedule.
3. Members who are aged 50 years and above can withdraw up to 20% of their contributions should they wish to or else they can elect to withdraw in full.
4. The application of member support will be for 3 months period effective 1st April 2020 to 30th June 2020.

### Tick whichever is applicable only

#### CATEGORY 1:

Age below 50 years & temporary laid off or stand down

#### CATEGORY 2:

Age below 50 years & unemployed up to 31<sup>st</sup> December 2019

#### CATEGORY 3:

Redundancy (Period from 1<sup>st</sup> February 2020)

#### CATEGORY 4:

Age 50 and above (Up to 20%)



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## MEMBER DETAILS

FOR OFFICIAL USE

MEMBER NO. \_\_\_\_\_

FIRST NAME \_\_\_\_\_

MIDDLE NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_

AGE \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

## EMPLOYMENT DETAILS

START DATE OF EMPLOYMENT \_\_\_\_\_

END DATE OF EMPLOYMENT \_\_\_\_\_

## PAYMENT DETAILS

### BANK DEPOSIT

BANK NAME \_\_\_\_\_

BANK ACCOUNT NAME \_\_\_\_\_

BANK ACCOUNT NUMBER \_\_\_\_\_

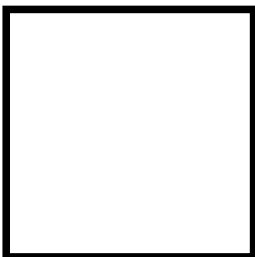
### COLLECT PERSONALLY

**PLEASE REFER TO CHECKLIST ON LAST PAGE FOR REQUIRED DOCUMENTS TO SUBMIT**

## DECLARATION

I declare that all the information and statements on this form are true and correct to the best of my knowledge and belief.

### LEFT THUMBPRINT



SIGNATURE OF MEMBER \_\_\_\_\_

DATE \_\_\_\_\_

NAME OF WITNESS \_\_\_\_\_

SIGNATURE OF WITNESS \_\_\_\_\_

DATE \_\_\_\_\_

**WARNING: TO GIVE FALSE INFORMATION MAY RESULT IN PROSECUTION**



## WITNESS STATEMENT

I certify that I have satisfied myself as to the identity of the member named on this withdrawal application.

NAME OF WITNESS \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

QUALIFICATION OF WITNESS \_\_\_\_\_

ADDRESS OF WITNESS \_\_\_\_\_

OFFICIAL STAMP (IF ANY):

### QUALIFICATIONS

The witness may be the Member's Employer, a Bank Manager, a Judge, a Magistrate, Minister of Religion, a justice of 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.

### OFFICIAL USE ONLY

Members Accounts/Personal Details checked by Supervisor (CS)

DATE \_\_\_\_\_

Members Pledge Account checked by Pledge Officer

DATE \_\_\_\_\_

Withdrawal checked and Authorized by Assistant Manager (MS)

DATE \_\_\_\_\_

Contribution in Ledger at \_\_\_\_\_

\$ \_\_\_\_\_

Additional interest due at \_\_\_\_\_

\$ \_\_\_\_\_

Total Payable

\$ \_\_\_\_\_

CHECKED BY SENIOR ACCOUNTANT \_\_\_\_\_

DATE \_\_\_\_\_

PAYMENT VOUCHER NO. \_\_\_\_\_

CHEQUE NO. \_\_\_\_\_

WITHDRAWAL \_\_\_\_\_

DATE \_\_\_\_\_

CHECKED BY ASSISTANT MANAGER FINANCE \_\_\_\_\_

DATE \_\_\_\_\_

CHECKED AND AUTHORIZED BY MANAGER FINANCE \_\_\_\_\_

DATE \_\_\_\_\_



## CHECKLIST

### CATEGORY 1:

Age below 50 years & temporary laid off or stand down

- Membership ID Card
- Members Recent Photo
- Statutory Declaration
- Letter from Employer

### CATEGORY 2:

Age below 50 years & unemployed up to 31<sup>st</sup> December 2019

- Membership ID Card
- Members Recent Photo
- Statutory Declaration

### CATEGORY 3:

Redundancy (Period from 1<sup>st</sup> February 2020)

- Membership ID Card
- Members Recent Photo
- Statutory Declaration
- Confirmation letter from Employer - for Redundant Employees  
(Date of Redundancy must fall within the valid period)
- Letter from Commissioner of Labour

### CATEGORY 4:

Age 50 and above (Up to 20%)

- Membership ID Card
- Members Recent Photo
- Statutory Declaration