

NATIONAL PROVIDENT FUND
P.O Box 619, Honiara
CERTIFICATE OF TERMINATION OF EMPLOYMENT

FOR OFFICIAL
USE

1. Employee Registration Number _____

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

Surname : _____

Other Name(s) : _____

Date of Birth : _____

Place of Birth : _____

Fathers Full Name : _____

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

Collect Personally

Deposit into Account Account No. _____ Bank _____

By registered Post Address _____

4. Name and Address of Employer before ceasing employment:

5. Names and Addresses of two other Employers (if any) the Member worked for apart from the Employer in Paragraph 4 above:

6. Date last Employed by that of Paragraph 4 above _____

7. Occupation at time of ceasing work and how long have you been employed by the Employer in Paragraph 4 above?

8. Proof of being without employment for 12 months prior to the submission of this application.

9. 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/Thumb print) Date _____

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 Member of Parliament.

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	Last Contribution Quarter		
Reminder Sent (if any)	Date of First Withdrawal		
Employers Certificate Checked	Statutory Declaration Checked		
Details Checked vs NPF 6	Supervisor (Withdrawals)		
TDP Labour Division Verification Obtained			
Withdrawal Authorised	General Manager		
Date of Entitlement			
Contributions in ledger at		\$	¢
Additional Interest due at%	
Contributions on Form W.....	
TOTAL	
Payment Voucher Number	Supervisor (Mem. Accounts)		
Cheque Number	(NPF 28B Prepared) Supervisor (Mem. Accounts)		
Checked	Chief Accountant		
Cheque Signed	General Manager		
NOTE: Withdrawal under these grounds is payable in three lots. This is your second/third payment.			