

WITNESS

Name of Witness _____

Address of Witness _____ Telephone Number _____

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Qualification to act as Witness _____

Is the Applicant personally known to you?

If yes :-

(a) Is the Applicant correctly identified on the overleaf?

(b) Is the Applicants alleged relationship to the deceased as described in Paragraph 9 on the overleaf true?

(c) Is the Applicants alleged relationship to the Nominees as described in Paragraph 10 on the overleaf true?

If no :-

(a) Who has identified the Applicant to you?

Name :

Address :

Telephone No. :

(b) Has the identifier satisfied you as the truth of the Applicants alleged relationship to the deceased as described in Paragraph 9 on the overleaf?

(c) Is the identifier personally known to you?

Have you explained to the Applicant the Warning printed on the overleaf?

I declare that the answers I have given above are true to the best of my knowledge and belief.

Signature Date _____

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 payable to a Nominee does not form part of the deceaseds estate.

OFFICIAL USE ONLY

Form W Sent	
Reminder Sent (if any)	
Details Checked vs NPF 6	
Relationship	Share
Proof of Death Furnished	Supervisor
Withdrawal Authorised	Manager
Date of Entitlement	

		\$	¢
Contributions in ledger at	19		
Additional Interest due at	%		
Contributions on Form W			
TOTAL			
Payment Voucher Number			Supervisor
Cheque Number (NPF 31 Prepared)			Cashier
Checked			Accountant
Cheque Signed			Manager