

**NATIONAL PROVIDENT FUND**  
**P.O BOX 619, HONIARA**

**APPLICATION FOR WITHDRAWAL OF CONTRIBUTIONS BY**  
**MEMBER WHO IS 50 OR MORE YEARS OF AGE**

**FOR OFFICIAL  
USE**

1. National Provident Fund Number (Enclose Membership Card)
  
2. Members Full Name (a) Surname \_\_\_\_\_  
(Please use CAPITAL LETTERS)  
(b) Other Names \_\_\_\_\_
  
3. (a) Date of Members Birth \_\_\_\_\_ (b) Age \_\_\_\_\_  
(c) Place of Birth \_\_\_\_\_  
(d) Father name in full \_\_\_\_\_  
(Please use CAPITAL LETTERS)
  
4. Please forward the cheque by registered post to the following address:
  
5. Are you sending evidence of your age? (Yes or No) \_\_\_\_\_
  
6. Name of present employer (if any) \_\_\_\_\_  
Address \_\_\_\_\_
  
7. Date of intended retirement from employment \_\_\_\_\_
  
8. Date last employed \_\_\_\_\_
  
9. Name and address of other employers (if any) during the three months prior to this application

10. I wish to claim the full amount 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.

LEFT THUMBPRINT

Signature of Member ..... Date \_\_\_\_\_  
(To be signed before a qualified witness described overleaf)

Signature of Witness  
(to Signature/Thumbprint).....

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.

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.

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

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 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.

It is compulsory to withdraw after attaining the age of 50. Persons who work after the age of 50 years are advised to leave their money in the Provident Fund and withdraw it after retirement.

A person who has withdrawn on the grounds the he/she is 50 or more years of age and continues to work or subsequently returns to work will be required to pay contributions in the normal way, thereafter he/she is not entitled to withdraw until after 5 years elapsed.

## OFFICIAL USE ONLY

Form W Sent .....						
Reminder Sent (if any) .....						
Date of Birth on NPF 6 .....						
Details Checked vs NPF 6 .....		Supervisor				
Withdrawal Authorised .....		Manager				
Date of Entitlement .....						
	Contributions in ledger at	19				
	Additional Interest due at	%				
	Contributions on Form W	.....				
	<b>TOTAL</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">\$</td> <td style="width: 50%; text-align: center;">¢</td> </tr> <tr> <td style="text-align: center;">.....</td> <td style="text-align: center;">.....</td> </tr> </table>	\$	¢	.....	.....
\$	¢					
.....	.....					
Payment Voucher Number .....		Supervisor				
Cheque Number ..... (NPF 31 Prepared) .....		Cashier				
Checked .....		Accountant				
Cheque Signed .....		Manager				