



SOLOMON ISLANDS NATIONAL PROVIDENT FUND

P.O Box 619, Honiara

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 30 June 2020.

√ *Tick whichever is applicable only*

- Age below 50 years & temporary laid off or stand down**
- Age below 50 years & unemployed up to 31st December 2019**
- Redundancy (Period from 1st February 2020)**
- Age 50 and above (Up to 20%)**



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FOR OFFICAL USE

1. Members Details

Membership Number:

Surname.....

First Name.....Other Names.....

Date & Place of BirthAge.....

Father's Full Name.....

Contact Phone Number

Email Address

2. Start date of employment:

3. End date of employment

4. Mode of Payment (SINPF prefers payment to your Bank Account)

√ *Tick whichever is applicable only*

Bank deposit

I. Name of Bank

II. Bank Account Name.....

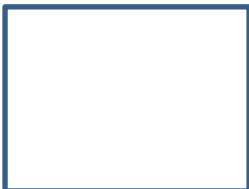
III. Bank Account Number.....

Collect Personally

5. Documents to submit: Refer to Checklist

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.....
(to be signed before a qualified Witness described overleaf)

Name of Witness.....

Signature of Witness Date.....

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	<u>\$.....</u>
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:

CHECKLIST

- Age below 50 years & temporary laid off or stand down**
 - Membership ID Card
 - Members Recent Photo
 - Statutory Declaration
 - Letter from Employer

- Age below 50 years & unemployed up to 31st December 2019**
 - Membership ID Card
 - Members Recent Photo
 - Statutory Declaration

- Redundancy (Period from 1st 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

- Age 50 and above (Up to 20%)**
 - Membership ID Card
 - Members Recent Photo
 - Statutory Declaration

STATUTORY DECLARATION

I,

of

By virtue of the statutory declaration Act 1835 do hereby solemnly and sincerely make the following declaration;

AND I make this solemn declaration by virtue of the statutory Declaration Act 1835 and subject to the penalties provided by that Act for making of false statement in statutory declaration, conscientiously believing the statement contained herein to be true in every particular.

.....

This declaration was made before me at _____

On the _____ day of _____ 2018

.....

Commissioner for Oaths/ Magistrate