## **NATIONAL PROVIDENT FUND**

P.O Box 619, Honiara

## APPLICATION FOR WITHDRAWAL BY RELATIVE OF A DECEASED MEMBER WHERE THERE IS NO NOMINEE

D =4: -	walana af Danasa ad Maruham	FOR OFFICIAL
	<u>sulars of Deceased Member:</u>	USE
1.	National Provident Fund Number (Enclose Membership Card)	
2.	Members Full Name (a) Surname	
	(b) Other Names	
3.	(a) Date of Members Birth	
	(b) Place of Birth	
	(c) Fathers name in full	••••••
4.	Date of Death of Member	••••••
5.	Proof of Death furnished:	••••••
	Certified copy of Death Certificate No.	
	Burial Certificate	
6.	Name and address of Members employers during three months prior to the Members	••••••
	Death	
Partic	ulars of Applicant:	
7.	Full name of Applicant	
8.	Date of Birth of Applicant	
	Place of Birth of Applicant	
9.	Relationship of Applicant to deceased Member	
10.	Address to which cheque is to be sent:	
	·	
11.	Is Nominee under 18 years of age	
	If yes, name of Parent/Guardian	
	Full address of Parent/Guardian	
12.	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 knoledge and belief.	•••••
L	EFT THUMBPRINT	
	Signature of Applicant(To be signed before a qualified Witness described overleaf)	Date
	(10 be signed before a qualified withess described overlear)	
	Signature of Witness	
	(to Signature/Thumbprint)	
	COMPLETE WITNESS STATEMENT OVERLEAF	

WARNING: TO GIVE FALSE INFORMATION MAY RESULT IN PROSECUTION

## **WITNESS**

Name of Witness		
Address of Witness	Telephone Number	
	of Witness	
0 -15 - 2 - 1 - 1 - 1 - 1 - 1		
Qualification to act as Witness		
s the Applicant personally known to you?		
yes :-		
(a) Is the Applicant correctly identified on the overlo	eaf?	
(b) Is the Applicants alleged relationship to the dec	eased as described in	
Paragraph 9 on the overleaf true?		
(c) Is the Applicants alleged relationship to the Nor	minees as described in	
Paragraph 10 on the overleaf true?		
no:-		
(a) Who has identified the Applicant to you?		
Name:		
Address :		
Telephone No.:	A 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(b) Has the identifier satisfied you as the truth of th		
to the deceased as described in Paragraph 9 on	the overleaf?	
(c) Is the identifier personally known to you?		
lave you explained to the Applicant the Warning printed or	n the overlead?	
declare that the answers I have given above are true to the	best of my knowledge and belief.	
ignature	Date	
Office Stamp (if any)		
The Witness may be the Members Employer, a Bank Manage solicitor, a Police Officer not below the rank of Sergeant, a Hof or above level 5, a Commissioner of Oaths or a Governme	ead School Teacher, a Medical Practitioner,	
he amount payable to a Nominee does not form part of the	e deceaseds estate.	
	ICIAL USE ONLY	
Form W Sent		
Reminder Sent (if any)		
Details Checked vs NPF 6Relationship		
Proof of Death Furnished		
Withdrawal Authorised		•
Date of Entitlement		•
		\$ ¢
	Contributions in ledger at Additional Interest due at Contributions on Form W	19 %
		TOTAL
Payment Voucher Number		Supervisc
Cheque Number	(NPF 31 Prepared)	Cashie
Checked		Accountan
Cheque Signed		Manage