



SOLOMON ISLANDS NATIONAL PROVIDENT FUND BOARD

NPF Building, Mendana Avenue, P.O Box 619, Honiara, Solomon Islands

Telephone : (677) 21659 Fax : (677) 20484

APPLICATION FOR WITHDRAWAL BY NPF MEMBER WHO'S FUND WAS TRANSFERRED TO UNCLAIMED DEPOSIT ACCOUNT

FOR OFFICIAL
USE

Members Particulars :

1. Employee Registration Number _____
2. Members Details (please PRINT all your responses) :
 - (a) Surname : _____
 - (b) Other Name(s) : _____
3. Other Details (please PRINT all your responses) :
 - (a) Date of Birth : _____
 - (c) Place of Birth : _____
 - (d) Fathers Full Name : _____
4. Mode of collection of cheque (Tick Appropriate Box):
 - Collect Personally
 - Collected on my behalf Name : _____
 - Deposit into Account Account No. _____ Bank _____
5. 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.

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LEFT THUMBPRINT



Signature of Member or Applicant Date _____

Signature of Witness Date _____
(to Signature/Thumb print)

COMPLETE WITNESS STATEMENT OVERLEAF

WARNING: TO GIVE FALSE INFORMATION MAY RESULT IN PROSECUTION

WITNESS

(see "Qualifications" below)

Name of Witness : _____

Address of Witness : _____

Qualification of 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?

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. I promise to be responsible and answerable to any enquiry thereafter.

Signature Date _____

Print Name and Address of Witness

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 10, a Commissioner of Oaths.

NOTES

No interest will be added to your account after your balance is transferred to the Unclaimed Deposit Account.

OFFICIAL USE ONLY

Details Checked vs NPF 6	Supervisor
Withdrawal Authorized	Manager
Date of Entitlement	
Total Amount in the Unclaimed Deposit Account 2007 \$	
Payment Voucher Number	Accounts Officer
Cheque Number	Accounts Officer
Checked	Accountant
Cheque Signed	Manager