

**NATIONAL PROVIDENT FUND**

P.O Box 619, Honiara

**APPLICATION FOR WITHDRAWAL BY A MEMBER WHO IS PHYSICALLY/MENTALLY INCAPACITATED FROM EVER ENGAGING IN ANY FURTHER EMPLOYMENT**

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. Date last employed \_\_\_\_\_
- 6. What was your job or occupation? \_\_\_\_\_
- 7. Name of last employer \_\_\_\_\_  
Address \_\_\_\_\_
- 8. Name and address of other employers (if any) during the three months prior to this application

- 9. State nature of incapacity \_\_\_\_\_
- 10. How long have you suffered from it? \_\_\_\_\_

**A medical certificate on Form 25A must be completed and signed by a Regsitered Medical Practitioner and submitted in support of your application.**

11. 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 statements on this form are true and correct.

**LEFT THUMBPRINT**

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

Signature of Witness  
(to Signature/Thumb print) .....

COMPLETE WITNESS STATEMENT OVERLEAF

**WARNING : TO GIVE FALSE INFORMATION MAY RESULT IN PROSECUTION**

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## 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 this 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 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.

## OFFICIAL USE ONLY

Form W Sent .....		
Reminder Sent (if any) .....		
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>		.....
Payment Voucher Number .....		Supervisor
Cheque Number ..... (NPF 31 Prepared) .....		Cashier
Checked .....		Accountant
Cheque Signed .....		Manager