

NPF 38C

Passport Photo

Zambia National Provident Fund

HOME OWNERSHIP WITHDRAWAL BENEFIT SCHEME

Phone Number

INSTRUCTIONS

Please read the following instructions carefully before completing the attached claim.

1. METHOD OF CALCULATING THE BENEFIT

- (a) The last twenty-four contributions credited to your account cannot be withdrawn.
- (b) You are allowed to withdraw up to a maximum of sixty (5 years) contributions only. For example if you have been a member for three years (i.e. thirty-six contributions) you can be allowed to withdraw only twelve contributions as twenty-four contributions last credited to your account cannot be withdrawn for the purpose.

The table below will give you an idea as to how much you can withdraw under the scheme.

TOTAL NUBER OF CONTRIBUTIONS	BENEFIT PAYABL
24 (2 years)	Nil
36 (3 years)	12 Contributions
60 (5 years)	36 Contributions
84 (7 years)	60 Contributions
108 (9 years)	60 Contributions

You will see from the above table that if you have been a member of the fund for only two years, you do not qualify for the Home Ownership Withdrawal Benefit. It is also clear that in order for you to qualify for a maximum benefit of 60 contributions you must have been a member of the Fund for at least 7 years.

2. SUPPORTING DOCUMENTS

1	Clear and Certified Photocopy of Members NRC			
2	One Passport Size Photo (Less than 6 months old)			
3	Clear and Certified Photocopy Certificate of Service or Reference Letter from Employer(s) confirming date of engagement and date of separation if member left employment.			
4	Clearly and correctly completed Bank Declaration Form			
5	Clear and certified photocopy of Title Deeds/ Land Record/Occupancy License/ Offer Letter/ Contract of sale			
6	Clear and certified copy of Vendors NRC / passport			
	Document Receipt Checker	CSC	cso	RC

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1 1	DADTICUL ADC OF CLAIMANT (in block letters)
	PARTICULARS OF CLAIMANT (in block letters) (Names and Date of Birth MUST as per NRC)
	Surname:
a) S	ourname.
b) (Other Names:
c) N	National Registration Card Number///
d) Y	Year of Birth
e) S	Social Security Number(s)
f) I	Date of joining National Provident Fund: Month
g) K	Residential Address

2.	CLAIM'S	PREVIOUS E	EMPLOYERS (Please list all of t	them in date order)
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Employer's Name And Address	Occupational	1		riod Em	_	Account
	and Works No.		From	T		Number
		Month	Year	Month	Year	
NB: If the space is	<u>insufficient, use a s</u>	separate s	heet of pa	aper.		
(a) Location of hou	OF HOUSE TO BE A					
b) Plot Number						
c) Street						
d) Town						
I hereby claim th provision of secti declare that the p knowledge and b	on 30A of the Za particulars in sup	mbia Na	tional P	rovident	Fund Act,	and I

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