



NPF31A

PHOTO

Zambia National Provident Fund

CLAIM FOR RETIREMENT/ AGE BENEFIT

Phone Number:

Phone Number

NOTE:

- ALL requirements should be carefully noted and all fields **MUST** be completed as failure to comply with them may result into delay in payment of your claim.
- Do not give false information on this form as it may render you liable for prosecution.
- All names of the member **MUST** be written as they appear on the NRC on all supporting documents

REQUIREMENTS

1	Clear and certified photocopy of NRC			
2	One passport size photo (Less than 6 months old)			
3	Clear and certified copy or copies of Certificate (s) of Service or Reference Letter (s) Confirming Date of Engagement and Date of Separation.			
4	Clear Photocopies of Pay slips for Missing Contributions			
	Documents Receipt Checker	CSC	CSO	RC

Note: Documents requiring certification should be done by Commissioner for Oaths with the "Commissioner for Oaths" title on the stamp or Presiding Magistrate and all stamps MUST be clear.

IMPORTANT NOTE

Only persons who joined the Fund before 1st April, 1973 are eligible for retirement Benefits at 45 years. Persons who joined the Fund after 1st April, 1973 should claim at 50years.

FOR OFFICIAL USE ONLY

Form Registered by:

Name: Man No.:

Date:

Details Checked and Processing Authorized by:

Name: Man No.:

Date:

1. NAME AND ADDRESS OF CLAIMANT (in block letters)

(a) Surname: (as on National Registration Card)

(b) Other Names:.....

(c) National Registration Card Number..... /..... /.....

(d) Year of Birth

(e) Present Age

(f) Social Security Number(s)

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(g) Date of joining National Provident Fund: Month 19.....

(h) Residential Address

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2. CLAIMANTS’S PREVIOUS EMPLOYERS (Please list all of them in Date order)

Employer’s Name And Address	Occupational and Works No.	Period Employed				Account Number
		From		To		
		Month	Year	Month	Year	

NB: If the space is insufficient, use a separate sheet of paper.

3. CLAIMANT’S DECLARATION: I hereby claim a retirement benefit under the National Provident Fund Act, and declare that the particulars in support of this claim are correct to the best of my knowledge and belief.

Date Claimant’s Signature

<i>Thumb Print</i>

(This form should be sent to the nearest National Pension Scheme Authority Office in your area)



NATIONAL PENSION SCHEME AUTHORITY

DECLARATION OF BANK DETAILS

A. CLAIMANT'S DETAILS (Names as Per NRC)

NAME:.....
NRC:.....
SOCIAL SECURITY NUMBER.....
BANK,.....
ACCOUNT NUMBER.....
BRANCH.....
CONTACT NUMBER.....
PHYSICAL HOME ADDRESS.....

INDEMNITY

I do hereby confirm that the bank details given above are true and correct, I will take full responsibility for any erroneous bank details given above and come back to NAPSA offices upon being paid my benefits to collect and sign a payment voucher acknowledging receipt of the benefit paid.

SIGNATURE:..... DATEDD/MM/YYYY

THUMB
PRINT

B. FOR BANK USE (To Be Completed By A Bank official ONLY if the Account is Active)

VERIFICATION OF BANK DETAILS

ACCOUNT NAME:.....
ACCOUNT NUMBER:..... SORT CODE (Bank;Area;Branch)

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BRANCH NAME:.....
FORM COMPLETED BY(Name):
DESIGNATION:.....
SIGNATURE:.....
Date :.....

OFFICIAL
STAMP

C. FOR NAPSA OFFICIAL USE

NAME:..... MAN NO.:.....
SIGNATURE.....DATE:.....