



NPF31A

PHOTO

Zambia National Provident Fund

CLAIM FOR RETIREMENT BENEFIT

NOTES:-

Please state clearly on this form:-

Phone Number:

Phone Number

- (a) Your names in full including any previous names, National Registration Card Number, and year of birth as shown on the National Registration Card.
- (b) Your Social Security Number(s) copied from the Zambia National Provident Fund Card or employer's records.
- (c) Dates of joining the Fund
- (d) Names and addresses of all employers and periods of employment (giving dates) with each employer
- (e) Do not give false information on this form as it may render you liable for prosecution.

N.B: These notes should be carefully noted and all questions fully answered as failure to comply, with them may result into delay in payment of your claim.

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 Authorised 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) Address for correspondence:
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(i) Residential Address

2. CLAIMANT'S PRESENT (ORLAST) EMPLOYER

(a) Employer's full name and address

Employer's Account Number

(b) Occupation and Work No

(c) If not employed, date left

3. CLAIM'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.

4. DECLARATION OF BENEFIT

I declare that I am over 45/50 years of age and that:-

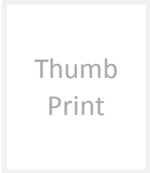
- (a) I intend to retire from regular employment on:
- (b) I have already retired from regular employment.

(This form should be sent to the nearest Zambia National Provident Fund Office in your area.)

5. CLAIM FOR RETIREMENT

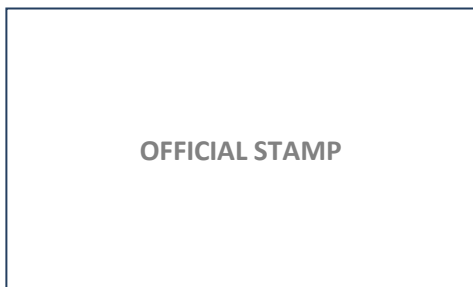
I hereby claim a retirement benefit under the National Provident Fund Act, and declare that the particulars in support of this claim are correct to the best of my knowledge and belief.

Date Claimant's Signature



5. ATTESTING WITNESS

(A Labour Officer, Social Welfare Officer,
Or Public Officer in the Administrative
Grade, Minister of Religion, Legal
Practitioner, Bank Manager, Medical
Practitioner, or Commissioner for Oaths)



Signature

Full Names.....
(Block letters)

Designation

Address

.....

6. Checklist (Attachments)

- (1) Passport size photo
- (2) Bank details
- (3) Clear copy of NRC certified by a **commissioner for oaths**
- (4) Pay slips or Certificate of service (where contributions are missing)

N.B: Not meeting any of the items on the checklist above will result in your claim being rejected/not being paid on time until such a time when it is met. Kindly ensure that your bank details are correct.

(This form should be sent to the nearest Zambia National Provident Fund Office in your area.)