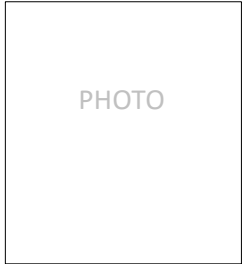




NPF35



# Zambia National Provident Fund

## CLAIM FOR SURVIVOR'S BENEFIT

Mobile Phone Number

### **CLAIM FOR BENEFIT BY WIDOW, WIDOWER, NOMINEE OR GUADIAN OF THE DECEASED MEMBER'S MINOR CHILDREN**

**NOTES:-**

Please state clearly on this form:-

**Key Notes:**

- a) Do not give false information on this form as it may render you liable for prosecution.
- b) Not meeting any of the items on the Requirements 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.

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

#### **IMPORTANT NOTE**

- (I) You must attach documentary evidence of death (e.g. certified true copies of the Death Certificate, Burial Permit, Certificate from the hospital, District Executive Secretary's or Police Report or such other authentic and acceptable evidence).**
- (II) If the claimant is not the widow or widower or nominee of the deceased family member, an order of appointment as Administrator of the deceased's estate should be attached to the claim**

#### **FOR OFFICIAL USE ONLY**

<b>Form Registered by:</b>	
Name: .....	Man No.: .....
Date: .....	
<b>Details Checked and Processing Authorised by:</b>	
Name: .....	Man No.: .....
Date: .....	

No.	Details	CSC	CSO	RC
1	Clear and Certified Photocopy of the Deceased NRC (Not required if there is a Death certificate)			
2	Clear and Certified Photocopy of the Principal Claimant's NRC (widow/widower/Administrator)			
3	One Passport Size Photo for the Principal Claimant(s) (widow/widower/Administrator) - Less than 6 Months Old			
4	Clear and Certified Photocopy of Death Record or Letter from The Chief. <i>Note: Where both spouses are deceased, claimant is to provide both Death Records</i>			
5	Clear and Certified Photocopy of the <b>Marriage Certificate</b> or <b>Affidavit of Marriage</b> . <i>Note: Where the deceased was divorced from the registered spouse, claimant to provide a Clear Certified Photocopy of the Divorce Certificate or the Divorcee should swear an Affidavit confirming the divorce and attach a Clear Certified Copy of their NRC</i>			
6	Clear and Certified Photocopy of GENERAL <b>AFFIDAVIT</b> WHERE THE ADMINISTRATOR CONFIRMS THE MARITAL STATUS OF THE DEASEASED AT THE TIME OF HIS DEATH. <i>Note: If the person claiming bears the title of Administrator, a Co-administrator or a member of the family to the deceased (e.g. sibling or parent to deceased) does the swearing, attaching a certified photocopy of their NRC. This Affidavit only applies if the surviving spouse had no Marriage Certificate or the Deceased was not Married.</i>			
7	Clear and Certified Photocopies of the Probate or Order of Appointment, Receipt for the Order of Appointment and NRC of the Administrator/s.			
8	A consent letter must be provided by: a) The other wife or wives where there are multiple wives, allowing one wife to be the payee. b) Other administrator/s where there are multiple administrators, allowing one administrator to be the payee.			
9	Clear and Certified photocopy/s of Certificate/s of Service confirming date/s of engagement and date/s of separation.			

<b>KEY NOTES</b>				
10	All photocopies attached should be <b>CERTIFIED</b> by <b>The Commissioner For Oath and ALL stamps MUST be clear. Tippex on the claim form is not allowed - cancel and countersign were you have made mistakes.</b>			
11	<b>Case Number</b> on the Order of appointment is supposed to match the <b>Reference details</b> on the receipt.			
12	Names on the all Supporting Documents for the Deceased and the Claimant MUST be as per the source documents. Corrections must be made before submitting the documents to NAPSA.			

RECEIVED BY:.....

Man No.....

VETTED BY:.....

Man No.....

SCANNED BY:.....

Man No.....

**1. PARTICULARS OF DECEASED MEMBER (in block letters)**

- (a) Surname: ..... (as on National Registration Card)
- (b) Other Names: .....
- (c) National Registration Card Number..... /..... /.....
- (d) Year of Birth: ..... (e) Date of Death: .....
- (f) Place of death .....
- (g) Date of burial/cremation .....
- (h) Social Security Number(s)

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

**2. DECEASED MEMBER’S RECORD OF EMPLOYMENT**

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. PARTICULARS OF CLAIMANT (in block letters)**

*(Field should be completed by surviving spouse or Administrator)*

- (a) Surname: ..... (As on National Registration Card)
- (b) Other Names: .....
- (c) National Registration Card Number ..... /..... /.....
- (d) Age .....
- (e) Relationship to the deceased member:-
  - i) I am the widow/widower of the deceased member

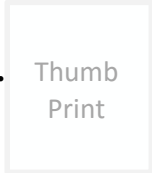
ii) I am the Administrator of the deceased's estate.

(f) Residential Address .....

**4. DECLARATION OF CLAIM**

**I declare that the details in support of this claim are correct to the best of my knowledge and belief and accordingly I claim the benefit due from the Zambia National Provident Fund on the death of the member of the Fund named in this claim.**

**Date ..... Claimant's Signature.....**



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



## NATIONAL PENSION SCHEME AUTHORITY

### DECLARATION OF BANK DETAILS

#### A. CLAIMANT'S DETAILS

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:..... DATE .....DD/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:.....