



NPF35

PHOTO

Zambia National Provident Fund

CLAIM FOR SURVIVOR'S BENEFIT

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

NOTES:-

Please state clearly on this form:-

Phone Number:

Phone Number

- (a) The deceased member's full names including any previous names, National Registration Card Number, and year of birth, and Social Security Number(s) as copied from the Zambia National Provident Fund Card or former employer's records.
- (b) Dates when the deceased member joined the Fund (if known)
- (c) Names and addresses of all the deceased member's former employers and periods of employment (giving dates) with each employer
- (d) Bank details through which the benefit should be paid
- (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

(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

Form Registered by:

Name: Man No.:

Date:

Details Checked and Processing Authorised by:

Name: Man No.:

Date:

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)

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

(b) Other Names:

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

(d) Age (if over 21, state over 21)

(e) Relationship to the deceased member:-

a) I am the widow/widower of the deceased member with whom he/she was cohabiting at the time of his/her death.

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

- b) I am the nominee of the deceased.
- c) I am the Administrator of the deceased's estate.
- d) I am the guardian of the deceased's estate.

(f) Residential Address

4. PAYMENT INSTRUCTIONS

Please indicate through which bank you would like to receive your benefit **(if in doubt please consult your banks nearest branch)**:

Name of the Bank

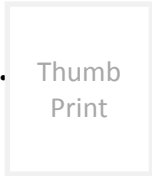
Branch Name

Account Number

5. 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.....



6. 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)

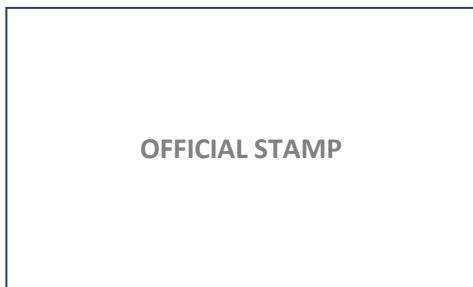
Signature

FullNames.....
(Block letters)

Designation

Address

.....



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

7. Checklist (Attachments)

1. Passport size photo
2. Bank details
3. Clear copies of NRCs (both for the deceased member and claimant) certified by a **commissioner for oaths**
4. Pay slips or Certificate of service (where contributions are missing)
5. Marriage Certificate/Affidavit and/or Order of appointment of Administrator (with certified copy of receipt)

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.)