



# NATIONAL PROVIDENT FUND ACT, 1970

| CLAIM FORM   | A. ON REACHING THE AGE OF 60 YEARS.   | OFFICE ACTION |
|--|---|---------------|
| Social Security #  | B. ON PERMANENT INCAPACITY  |               |
|  | <b>Address:</b>   |               |
| 1.   | I, the undersigned, wish to claim benefit for the reason given below  |               |
| 2.   | I reached the age of 60 years on ..... and wish to claim the amount credited to my account in the National Provident Fund.  |               |
| 3.   | I have been medically certified as unable to work at any time in the future and I wish to claim the amount credited to my account in the National Provident Fund. |               |
| 4. Telephone #: ..... My bank/credit union number .....<br><br>I understand that a false statement or misrepresentation makes me subject to a penalty under the National Provident Fund Act, 1970. |   |               |
| Signed ..... Date .....<br>Witness Name ..... Date .....<br>Witness Signature .....  |   |               |
| <b>Cross out whichever does not apply.</b>   |   |               |
| <b>Note: The Witness must be a J.P., A police Officer (above the rank of Inspector), a Lawyer, a Doctor, a Permanent Civil Servant, a Notary Public.</b>   |   |               |