



NATIONAL PROVIDENT FUND ACT, 1970

CLAIM FORM	A. ON REACHING THE AGE OF 60 YEARS.	OFFICE ACTION
Social Security #	B. ON PERMANENT INCAPACITY	
	Address:	
1.	I, the undersigned, wish to claim benefit for the reason given below	
2.		
3.		
4.	Telephone #: My bank/credit union number Email I understand that a false statement or misrepresentation makes me subject to a penalty under the National Provident Fund Act, 1970.	
Signed Date Witness Name Date Witness Signature		
Cross out whichever does not apply.		
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.		