

# NATIONAL PROVIDENT FUND ACT, 1970

## SURVIVORS BENEFIT CLAIM FORM

<b>Social Security Number of deceased</b> [ ][ ][ ][ ][ ][ ][ ][ ]	<b>CLAIM FOR SURVIVORS BENEFIT BY</b> .....	<b>OFFICE ACTION</b>
1.	I, the undersigned, wish to claim benefit following the death of ..... who was a Member of the National Provident Fund.	
2.	(a) Name of deceased member: ..... (b) Date of birth: ..... (c) Date of death: ..... (d) Attached is the evidence of death of: .....	
3.	(a) Name of claimant: ..... (b) Address of claimant: .....	
4.	Has application been made for probate or administration of the estate of the deceased member? .....	
5.	To the best of your knowledge and belief, are you the only person who will be entitled to make this claim? .....	
6.	I declare that the foregoing information is true in all particulars. I understand that a false statement or misrepresentation makes me subject to a penalty under the National Provident Fund Act, 1970.  Signed: ..... Witness (name): ..... Date: ..... Witness (signature): ..... Date: .....	
<b>Note:</b>	The witness must be a J.P., a Police Officer, a Lawyer, a Doctor, a Labour Inspector, a Permanent Civil Servant (Executive Officer and above).	