



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.	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 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.		