

Ministry of Social Security, National Solidarity & Reform Institutions

National Pensions Scheme

Claim for lump sum (Refund of Contributions) under Section 23B of the National Pensions

Act & Section 4 of the National Savings Fund Act.

Please use BLOCK LETTERS to complete this form.

Applicant

1. Title: Mr/Mrs/Miss*

2. Surname:.....

3. First Name/s :.....

(Provide full name/s)

4. Maiden Name:.....

5. Current Address:.....

.....

6. Home Address:.....

.....

7. Passport No:.....

Country of Origin :.....

8. Date of Birth :.....

9. NPF/NSF Identification Number :.....

10. Tel No:.....

11. Email Address(if any):.....

12. Expiry date of Work Contract/Permit/Termination of Employment*:.....

(To produce documentary evidence)

13. Date of departure:.....

14. Bank Name:

Address:

Account Number :.....

(To produce documentary evidence of Bank A/c No)

Details of Employer

15. Name :.....

Address :.....

.....

Registration No:

Email Address(if any):.....

Tel No :.....

- I, Mr/Mrs/Miss*..... certify that –
- (i) The information that I have provided on this form has been read over/translated to me and is correct to the best of my knowledge and belief; and
 - (ii) I am no longer an insured person or shall not be an insured person after the expiry of my work contract and I have never received a contributory pension under Part IV of the National Pensions Act.

Signed:.....

Date :.....

Certificate from Employer

I,Mr/Mrs/Miss*.....the.....of.....
(Position) (Name of employer)

hereby certify that the work contract /work permit/ employment* of the above named applicant has expired/ has been terminated* or will expire/will be terminated* on..... and the present contract / work permit will not be renewed.

Signed :.....

Date:

*delete as appropriate



For Internal Use
Received by:
Local Office:
Signature:
Status:
Date:
NPF CF No:
NSF CF No: