

# BN 1 FORM

## ADVICE OF WITHDRAWAL OF MEMBER

*(Please complete in all spaces)*



DATE:.....

NAME OF EMPLOYER.....EMPLOYEE NUMBER:.....

NAME OF EMPLOYEE (MEMBER):..... IDENTITY NUMBER:.....

MEMBER NUMBER:..... R/S NUMBER:.....

DATE OF TERMINATION:..... REASON FOR TERMINATION.....

NAME OF CLAIMANT(In case of death)..... RELATIONSHIP:.....

### LAST THREE MONTHS OF CONTRIBUTIONS

| MONTH | ER CONTRIBUTIONS | EE CONTRIBUTIONS | SALARY / WAGE |
|-------|------------------|------------------|---------------|
|       |                  |                  |               |
|       |                  |                  |               |
|       |                  |                  |               |

### BANK DETAILS:

| NAME OF BANK | BRANCH NAME | ACCOUNT NAME | ACCOUNT NUMBER | CURRENCY |
|--------------|-------------|--------------|----------------|----------|
|              |             |              |                | ZWG      |
|              |             |              |                | USD      |

### CONTACT DETAILS:

ADDRESS TO WHICH PAYMENT SHOULD BE SENT:  
 .....  
 .....  
 .....  
 .....  
 Member's phone number:.....  
 E-mail address:.....

MEMBER'S FUTURE ADDRESS  
 .....  
 .....  
 .....  
 .....  
 .....  
 .....

ARE YOU EMIGRATING? YES  NO  If the answer is yes please attach Exchange Control Approval

### Requirements

#### DEATH CLAIM

- - Death Certificate
- Spouse's National Registration Card and proof of marriage
- Children's Birth Certificates

#### RETRENCHMENT CLAIM

- Letter of Approval from NEC or
- Letter of Approval from Retrenchment Board or Works Council Minutes

#### ILL-HEALTH CLAIM

- A Medical Report from a registered medical practitioner and a recommendation from employer

Is Retrenchment Voluntary. Please tick : Yes  No

**NB: Please always attach a copy of member's National Identity Card and Last Payslip showing year to date figures.**

NAME OF EMPLOYER REPRESENTATIVE:.....

DESIGNATION:..... SIGNATURE:.....

SIGNATURE OF EMPLOYEE MEMBER / CLAIMANT:.....

**Employer Stamp**

**MIPF Stamp (for MIPF use only)**