BN 1 FORM

ADVICE OF WITHDRAWAL OF MEMBER

(Please complete in all spaces)

Mining Industry Pension Fund
"Cares for your future"

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 FUTURE ADDRESS
.....	.....
.....	.....
.....	.....
.....	.....
Member`s phone number:.....	.....
E-mail 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)***