



BENEFIT CLAIM FORM

... your retirement, our plan

Best Provident Fund

MEMBER DETAILS: (This portion should be completed by member)

Name of Contributor			
SSNIT Number (if any)		Gender	
Scheme Number		Res. Address	
Postal Address		Telephone No.	
Date of Birth		Age	
Occupation		Nature of business	
Valid ID Type		Valid ID Number	

EMPLOYMENT DETAILS

Name of Employer		Email Address	
Permanent Address		Tel Number	

BANK DETAILS FOR TRANSFER OF BENEFIT

Account Name		Bank Name	
Account Number		Bank Branch	

WITHDRAWAL DETAILS

Reason for withdrawal			
Total Accrued Benefits		Benefits Requested	
Tax Deduction	%	Benefits due to be paid	

MEMBER 'S DECLARATION

I, do hereby declare and certify that information provided are accurate and complete.

Signature

Date

FOR OFFICE USE ONLY

Prepared by		Signature		Date	
Verified by		Signature		Date	

TRUSTEES' AUTHENTICATION

Name of Signatory		Signature		Date	
Name of Signatory		Signature		Date	

