



**GIPF**

Government Institutions  
Pension Fund

# SECTION 14 TRANSFER

(Please print and complete in full)

## 1. PARTICULARS OF MEMBER

01 Membership Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

02 Employee Code / Salary Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

03 Surname

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

04 First Names (in full)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

05 Maiden Name (if applicable)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

06 Identity Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

07 Gender (M = Male / F = Female)

--

08 Marital Status (M = Married / S = Single / D = Divorced / W = Widow(er))

--

09 Starting Salary (per annum)

												-		
--	--	--	--	--	--	--	--	--	--	--	--	---	--	--

10 Admission Date (to the Fund)

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

11 Last Working Day

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

12 Final Salary (per annum)

									-		
--	--	--	--	--	--	--	--	--	---	--	--

13 Contact Details

Postal Address \_\_\_\_\_

Physical Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Tel no (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

2. PARTICULARS OF PAYMENT

Transfer Section 14 to: (Name of Transferee Fund)

3. DOCUMENTS REQUIRED

Please provide us with original certified copies of the following documents, to enable us to finalize the Section 14 within the prescribed time.

Documents:

Identity Document of Member	X
Staff Record Card	X
Latest Pay slip / Salary Advice	X

4. DECLARATION AND CERTIFICATION

I, the undersigned, hereby certify that all particulars furnished in this form are complete and correct.

Full Name .....

Official Designation .....

Telephone Number .....

Fax Number .....

E-mail Address .....

Signature ..... Date .....

Official Date Stamp

NB: To be completed by an authorized Personnel / HR Officer.