



GIPF

Government Institutions
Pension Fund

Request for Quotation

(Please use block letters and complete in full)

1. PARTICULARS OF MEMBER

01. Employee Code / Salary Number

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02. Membership Number

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

03. Type of Quotation: Resignation Cash ☐

Resignation Transfer ☐

Normal Retirement ☐

Early Retirement ☐

III-Health Retirement ☐

Disability Benefit ☐

Other ☐ _____

04. Surname

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05. First name (in full)

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06. Maiden name (if applicable)

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07. Identity Number

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

08. Gender (M = Male / F = Female)

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09. Marital Status (M = Married / S = Single / D = Divorced / W = Widow[er])

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10. Starting Salary (per annum)

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11. Admission Date to the Fund

D	D	M	M	Y	Y	Y	Y
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12. Last Working Date

D	D	M	M	Y	Y	Y	Y
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13. Final Salary (per annum)*

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14. Contact Details:

Postal Address: _____

Residential Address: _____

E-mail Address: _____

Telephone No: (H) _____ (W) _____

Cellphone No: _____

* Means the annualized average of the member's pensionable emoluments during the 12 successive months immediately preceding the event, or if less than 12 months, during the number of months completed in the term of pensionable service.

3. DOCUMENTS REQUIRED

Please provide us with the following documents, to enable us to finalize the request for Quotation within the prescribed time.

Documents:

Identity Document of Member (Certified Copy)

Staff Record Card (Employer Date Stamp)

Latest Pay Slip (Employer Date Stamp)

5. DECLARATION AND CERTIFICATION FOR AND ON BEHALF OF EMPLOYER

To be completed by an authorized Personnel / HR Officer.

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

Full Name _____

Official Designation _____

E-mail Address _____

Telephone Number _____

Fax Number _____



Signature _____ Date _____

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