



GIPF

Government Institutions
Pension Fund

Unclaimed Benefit Claim

(To be completed by an authorised HR official)

1. PARTICULARS OF MEMBER

01. Membership Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
02. Employee code/Salary Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
03. Benefit Type (Tick where applicable)	<input type="checkbox"/>	Resignation/Dismissal	<input type="checkbox"/>	Resignation/Dismissal	<input type="checkbox"/>	Normal Retirement	<input type="checkbox"/>	Ill-Health/Disability											
Other Benefits (Specify) _____																			
04. Employer/Ministry	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
05. Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
06. First Names (in full)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
07. Maiden Name (if applicable)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
08. Identity Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
09. Gender (M=Male F=Female)																			<input type="checkbox"/>
10. Marital Status (M=Married S=Single D=Divorce W=Widow(er))																			<input type="checkbox"/>
11. Income Tax Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12. Starting Salary (per annum)									<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
13. Admission Date to the Fund									<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14. Last Working Day									<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15. Final Salary (per annum)									<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. MEMBER'S DEBT

Amount owed to employer which may be deducted from the benefits in terms of the Rules of the Fund. Only approved deductions as stipulated in Section 37D of the Pension Fund Act will be deducted.

Type of debt: N\$.....

Please Note:

GIPF rule 9.6 indicates that "If a benefit remains unclaimed for five years after the date it becomes payable, it shall be paid over to the Guardian Fund held at the Master of the High Court, and such beneficiary shall have no further claim against the Fund".

3. DOCUMENTS REQUIRED

Please provide us with **original certified copies** of the following documents, **as required per type of benefit**, to enable us to finalise the request/claim within the prescribed time.

DOCUMENTS	Resignation	Normal Retirement	Ill-Health/ Disability	Other Retirement
Identity Document (where available)	x	x	x	x
Certificate of Registration as a Taxpayer for Income Tax (where available)	x	x	x	x
Notification of Termination of Service	x			
Last pay slip/proof of back pay/calculation sheet (where applicable)	x	x	x	x
Notification of Collateral Security	x	x	x	x
Salary Notches/Staff Record Card	x	x	x	x
Medical Board Report			x	
Public Service Commission/Employer Approval Letter			x	x

4. DECLARATION AND CERTIFICATION FOR AND ON BEHALF OF EMPLOYER

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

Full Names _____

Official Designation _____

E-Mail Address _____

Telephone No. _____

Fax No. _____

Signature _____ Date _____

Official Date Stamp

NB: To be completed by an authorised HR Officer.

FOR OFFICIAL USE ONLY

Specimen Signature verified:

Yes

No

Specimen Signature Matching:

Yes

No

Verified and processed by: _____

Signature: _____

Date: _____