



NASFUND CONTRIBUTORS SAVINGS & LOAN SOCIETY

Form SL4B

P O Box 7732, BOROKO, National Capital District, Ph: (675) 325 7166, Fax: (675) 325 6347

APPLICATION FOR WITHDRAWAL BY NOMINEE

APPLICANT/ NOMINEE

1. Name : _____
2. Postal Address : _____ Phone No: _____

PARTICULARS OF DECEASED

1. Deceased Name : _____
2. Membership No. : _____
3. Attached to this application are:-

- Medical Certificate of Death Warrant to Bury Letter from Pastor/Village Councilor/Priest

METHOD OF PAYMENT

- Direct Deposit into Bank Account

- Name of Bank : _____
- Branch (BSB) : _____
- Bank Address : _____
- Account Name : _____
- Account No. : _____

- Collect in person

NOTE: If there are separate banking or payment details for the other nominees then please write them on a separate sheet of paper and attach it to this form.

Signature of Applicant/Nominee : _____ Dated: _____

EMPLOYERS DECLARATION:

We hereby declare that:-

- (i) The named employee is now deceased; and
- (ii) We verily believe that the details provided above are true and correct in every particular.

Name of Authorised Officer : _____ Signature : _____

Designation/Position : _____ Phone No. : _____

Facsimile No. : _____ Email : _____

Dated this the _____ day of _____ 20____

Employers Stamp: _____

In the event of the employer no longer operating in the country, a Commissioner of Oaths, Priest/Pastor, Postman or a Member of the National Parliament or Provincial Assembly is authorised to sign & stamp this form.