



PENPRO ADMINISTRATORS (PTY) LTD

Pension & Provident Fund Administrators

39 LAKEFIELD ROAD
BENONI
1501

P.O. BOX 131041
NORTHMEAD
1511

ENQUIRIES: Nomonde/Siyabonga
TEL: 0860 736 776
FAX: 086 670 0607 / 086 680 4445
E-MAIL: withdrawals@penproadmin.com

NOTIFICATION OF WITHDRAWAL FORM

PERSONAL DETAILS

Employer Name: _____	Company ID: _____		
Title: _____	Surname: _____		
First Names: _____			
ID 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"/>	Date of Birth: _____ DD/MM/YYYY		
Physical address: _____			
_____	Postal Code: _____		
Postal address: _____	Postal Code: _____		
Last working day: _____	Month for which last contribution was paid: _____		
Member's annual income at date of withdrawal: R. _____	Contact Number: _____		
Reason for withdrawal: Resignation <input type="checkbox"/>	Retrenchment <input type="checkbox"/>	Dismissal <input type="checkbox"/>	Other <input type="checkbox"/>
Describe Other _____			

MEMBER'S TAXATION DETAILS

Income Tax Number: _____	Revenue Office: _____
Has the member been employed in any territory outside South Africa? If so, give details and periods _____	
Are you aware of any tax liability currently outstanding? If yes, please substantiate: _____	
Are you aware of any liability to an ex-spouse in terms of the Divorce Act? If yes, please substantiate: _____	

BENEFIT OPTIONS

<input type="checkbox"/> Cash withdrawal:	Please attach a Certified copy of ID and Bank Statement (with bank stamp)
Banking Institution: _____	Branch and Branch code: _____
Name of Account holder: _____	Account number: _____
Note: A cash refund may be subject to tax and result in the possible loss of a greater benefit. The member should seek professional advice before making a final decision on his benefit options.	
<input type="checkbox"/> Paid-up:	<input type="checkbox"/> Transfer to another fund:
Name of other fund: _____	
Contact details: _____	

AUTHORISATION AND DISCHARGE

We hereby certify that the above information is true and correct in every detail, and Penpro Administrators (Pty) Ltd is hereby authorized to make payment as stated above, following the withdrawal of the member. We agree that payment either by crossed cheque or Electronic Fund Transfer shall constitute good and effectual settlement and shall be full and final discharge to Penpro Administrators (Pty) Ltd of its liability in terms of the Rules of the scheme.

Member Signature

Employer signature and stamp