LEADWAY												
I hereby apply for withdrawal from my F				/ my appli		ails:	¯,- PI —	JBLI	C SEC			
PEN										Affix Passport		
Title Surname First name						er names			$\dashv$		Here	
Sex E-mail						Date of Birth (dd-mm-yyyy)				(Kindly write your RSA PIN on the		
										reverse side)		
Residential address (Kindly note that	t the address &	phone number	would be used	for furth	er corresp	ondence w	ith yo	u)				
Mobile Number		Alternate Number										
NOK Details		Number										
NOK Name (Surname First)				NOK 7	Telephone	Contact						
Last Employer details												
Employer Name												
Department			Designat	ion								
Bank Payment details												
Bank Account	Ba	ank Name Bank Branch										
Number		s below to furt	ther validate t	he bank de	etails prov	ided above	e.					
Bankers Confirmation Letter	Statement of A	Account		Photocopy of Cheque								
Please note: ONLY applications with complete documents would be accepted and processed.											I	
APPLICATION CHECK LIST FOR P	UBLIC SECTOR	Official Use	Mode of exit							_		
Retirement letter Retirement benefit registration slip		Termination Resignation		Note: ALL alterat								
Document validating bank details		Voluntary re										
Pay slip for any of the last three mont		Mandatory retirement			counter signed by Customer.							
A passport photograph Proof of enrollment with LPPFA		Others (specify)										
Agreement (Pw/Annuity)												
Confirm AVC on RSA (Yes/No) Do you want to Consolidate AVC and Normal Contributions? (Yes/No)												
I confirm that the information supplied from any liability whatsoever arising o					nify LEADV	VAY PENS	URE PI	A LTI	), and it	s offic	ers	
Customer's Name		•		er's Signa	ture& Date	?		•••••				
Confirm Passport picture of customer with physical appearance Confirm signature(branches with midas)												
I hereby certify that original copies of all documents submitted were sighted by me, and the application was duly completed.												
Name of Receiving Officer Signature & Date Branch Telephone number										*		
AcknowledgementCustomer's copy												
PENName of Customer												
Bank Account Number	Bank Account Number Bank Name Bank Branch											
Dank Account Number		שמות וזמווו			Dall	ואטומולוו						

APPLICATION CHECK LIST

 Separation letter
 Pay slip for any of the last three months

 Retirement benefit registration slip
 A passport photograph

 Document validating bank details
 Agreement (Pw/Annuity)

 Proof of enrollment with LPPFA
 Image: Comparison of the last three months

 A passport photograph
 Agreement (Pw/Annuity)

Name of Receiving Officer Signature & Date Branch Telephone Details

Dear Customer, kindly ensure to collect and keep this acknowledgement for record purpose. For further enquiries, please contact us on 01-2800800 or 01-7644463.

We shall also update you on the progress of your application at every stage of processing till payment of your benefit