

RETIREMENT VERIFICATION FORM

1. Account Holder's Particulars:

Surname

First Name

Middle Name

P E N

Date of Birth
(dd/mm/yy)

Sex (M/F)

Effective Date of Retirement
(dd/mm/yy)

Marital Status (M/S/D/W)

Permanent Home
Address

Current Contact/
Mailing Address:

House Tel Number:

Mobile Tel Number:

2. Banking Details

Bank Name:

Account Name:

Account Number:

Branch Name:

Sort Code:

3. Reasons for Retirement/Exit (Please tick appropriately)

Normal
Retirement

☐

Medical

☐

Terms and Condition of Employment

☐

A.) If on Medical reasons:

Medical Condition:.....

.....

Name and Address of Physician/Hospital that issued the medical certificate:.....

.....

Date of Medical Certificate

b.) If under Terms and Conditions Of Employment:

State Unique Terms and Conditions of employment:

.....

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DOCUMENTS TO BE ATTACHED

- (a). Means of Identification (Drivers licence, National ID card, International Passport)
- (b). PENCOM verification letter
- (c). RSA Certificate
- (d). Birth Certificate or Declaration of Age
- (e). Final Pay slip and letter of retirement

Signature:_____

Date:_____

For Official use

Verified by:_____

_____	_____	____/____/____
Signature	Designation	Date