

**KELLY GROUP FLEXIBLE PROVIDENT FUND
Notification of Withdrawal**



FOR INTERNAL USE:			
Co. Code	<input type="text"/>	Branch Code	<input type="text"/>
Assignee no.	<input type="text"/>	Consultant	<input type="text"/>
Branch Manager Signature	<input type="text"/>		

To be completed in the event of resignation, retrenchment or dismissal of a member of the fund.

Details of Member

First Names	<input type="text"/>	Surname	<input type="text"/>
Identity Number	<input type="text"/>	Date of Birth	<input type="text"/>
Date of Withdrawal	<input type="text"/>	Date joined fund	<input type="text"/>
Month for which last contribution was paid	<input type="text"/>	Contribution paid	<input type="text"/>
Reason for Withdrawal	<input type="text"/>	Resignation	<input type="text"/>
		Retrenchment	<input type="text"/>
		Dismissal	<input type="text"/>
Member's postal address	<input type="text"/>		
Member's contact no's.	<input type="text"/>		

Benefit Options

Refund Yes No

Note: a refund may be subject to tax

Name of Account Holder	<input type="text"/>	Name of Bank	<input type="text"/>
Branch	<input type="text"/>	Branch Code	<input type="text"/>
Account Number	<input type="text"/>	Account Type	<input type="text"/>

2.2 Transfer to Hollard Individual Retirement Annuity Yes No

Note: A Hollard representative will make contact with you to arrange this transfer.

Member's Taxation Details

Income Tax No.	<input type="text"/>	Revenue Office	<input type="text"/>
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Authorisation and Discharge

We hereby certify that the above information is true and correct in every detail and that Hollard Life is hereby authorised to make payment as stated above, following with 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 receive full and final discharge to Hollard Life and/or the Fund, of its liability in terms of the Rules of the Fund. We indemnify Hollard Life and the Fund if payment is made by crossed cheque and the cheque is stolen.

Member's Signature	<input type="text"/>	Date	<input type="text"/>
Employer's Authorised Signatory	<input type="text"/>	Date	<input type="text"/>
Designation	<input type="text"/>		