

NTHC TRUSTEES LTD**APPLICATION FOR OLD-AGE RETIREMENT AND INVALIDITY BENEFIT**

Please print all information in **CAPITAL LETTERS** and use **BLACK INK** only
All **SECTIONS** should be completed by Applicant

PART I : TYPE OF BENEFIT YOU ARE APPLYING FOR

BENEFIT TYPE (Please Tick one box) Note: *if you tick INVALIDITY PENSION, attach a MEDICAL REPORT to this application*

Old-Age Retirement Pension Old-Age Retirement Lump Sum Invalidity Pension

Please Tick one box if you are applying for Old Age Retirement Pension or Invalidity Pension

I opt for 25% Lump Sum I DO NOT opt for 25% Lump Sum

PART II : APPLICANT'S PERSONAL DETAILS

Social Security Number

ADDITIONAL SOCIAL SECURITY NUMBER (S) (Please list all other Social Security Numbers that you have)

I II III

Surname

First Name

Other Name(s)

Previous / Maiden Name (if any)

Date of Birth

Date joined scheme

Date of Retirement

Current Postal / Contact Address

Telephone Number

Fax Number

Email

Permanent Residential Address / Location

PART III : PAYMENT INSTRUCTIONS

Name of Bank

Branch

Account Number

PART IV: SISF STATEMENT OF ACCOUNTS STATUS

DO YOU ACCEPT YOUR CURRENT SSNIT STATEMENT OF ACCOUNT?

Yes

No, I request for an Amendment

PART V : PARENTAL DETAILS

FATHER

Surname

First Name

Other Name (s)

MOTHER

Surname

First Name

Other Name (s)

PART VI : DECLARATION

I CERTIFY that the facts stated above are to the best of my knowledge true and accurate

LEFT THUMB PRINT

		INDEX
	3	<input type="checkbox"/>
	4	<input type="checkbox"/>
	5	<input type="checkbox"/>

Tick which finger was used

RIGHT THUMB PRINT

	INDEX	
3	<input type="checkbox"/>	
4	<input type="checkbox"/>	
5	<input type="checkbox"/>	

Signature or Mark of Applicant

Date of Completion

Witness : Name of SISF Schedule Officer

Signature of SISF Schedule Officer

Date

Please do not write below

(FOR SISF OFFICE USE ONLY)

BRANCH MANAGER'S COMMENTS

Name of Branch Manager

Signature & Stamp of Branch Manager

Date

DD/MM/YYYY

RECORDS DEPARTMENT'S CERTIFICATION

Head of Record's Comments

Name of Head of Records

Signature & Stamp of Head of Records

Date

DD/MM/YYYY

MEDICAL BOARD'S CERTIFICATION *(This portion to be completed for ONLY Invalidation Pension Applicants)*HAS APPLICANT BEEN CERTIFIED BY THE SISF MEDICAL BOARD AS INVALID? Yes No

General Manager, Medicals Comments

Name of General Manager, Medical

Signature & Stamp of G.M, Medical

Date

DD/MM/YYYY

Please do not write below

(FOR SISF OFFICE USE ONLY)

STUDENT'S LOAN DEPARTMENT'S CERTIFICATION

HAS APPLICANT BEEN CERTIFIED BY THE SISF MEDICAL BOARD AS INVALID? Yes No

CURRENT STUDENT'S LOAN STATUS (Please tick where applicable)

- Guarantor Beneficiary Guarantor & Beneficiary Not Applicable
 NOT INDEBTED TO THE SCHEME. FURTHER PROCESSING RECOMMENDED
 INDEBTED TO THE SCHEME. FURTHER PROCESSING NOT RECOMMENDED UNTIL REPAYMENT HAS BEEN MADE

Head of Students' Loan's Comments

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Name of Head of Student's Loan

Signature & Stamp of Head of Students' Loan

Date

DD / MM / YYYY

BENEFITS DEPARTMENT'S APPROVAL

 Application Approved

TYPE OF BENEFIT APPROVED (Please Tick one box)

- Old Age Retirement Pension Old Age Retirement Lump Sum Invalidity Pension

 Application NOT Approved

STATE REASON(S) FOR REJECTION:

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Name of Head of Benefits

Signature & Stamp of Head of Benefits

Date

DD / MM / YYYY