LEADWAY pensure pfi

APPLICATION FOR PAYMENT FROM RETIREMENT SAVINGS ACCOUNT.- NSITF.

I hereby apply for withdrawal from my Retirement Savings Account (RSA). Find below my application details:

RSA Number

P	E	N												

Date: (dd-mm-yyyy)

Affix Passport Picture Here (Kindly write your RSA PIN on the reverse side)

TITLE	Surname	First name	Othernames
Sex	E-mail		Date of birth (dd-mm-yyyy)

Residential address (*Kindly note that the address & phone number would be used for further correspondences with you*)

Mobile Number												Alternate Number											

NOK details

NOK Name (Surname First)	NOK Telephone Number											

Last Employer details

Employer name	
Department	Designation

Bank Payment details

Bank Account Number											Bank Name	Bank Branch

Kindly provide us with any of the following documents below to further validate the bank details provided above.
Kindly tick the correct option provided.

Bankers Confirmation Letter		Statement of Account		Photocopy of Cheque-leaflet	

Please note: ONLY applications with complete documents would be accepted and processed.

APPLICATION CHECK LIST FOR **NSITF** (**Already received Enbloc/on Pension**).	Official Use	Mode of Exit	
A Passport photograph		Termination	
Document validating bank details		Resignation	
		Others	

Note: **ALL** alterations on this form **MUST** be counter signed by the Customer.

I confirm that the information supplied above by me is true and correct and hereby indemnify LEADWAY PENSURE PFA LTD, and its officers from any liability whatsoever arising out of untrue information provided by me above.

....

Customer's Name ***Customer's Signature & Date***

OFFICIAL USE

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*

....Acknowledgement--**Customer's copy**..

Pen.. **Name of Customer**..

Bank Payment details.

Bank Account Number Bank Name Bank Branch

APPLICATION CHECK LIST

A passport photograph	
Document validating bank details	

....

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