

## Refund of Savings form

### by nominee

SL14b

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#### Particulars to Members

Membership Number:	<input type="text"/>	
First Name:	<input type="text"/>	Last Name: <input type="text"/>

The following must be attached; ☐ Medical Certificate of Death ☐ Warrant to Bury ☐ Letter from Pastor/Village Councillor  
☐ Employer Confirmation Letter ☐ Bank Statement for nominees  
☐ ID's of nominees over age of 18 years old

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#### Employers Declaration

We hereby declare that:-

1. The named employee is now deceased; and
2. We verily believe that the details provided above are true and correct in every particular.

Authorised Officer:	<input type="text"/>	Designation/ Position:	<input type="text"/>
Phone:	<input type="text"/>	Email:	<input type="text"/>
Date:	<input type="text"/>		<input type="text"/>
Affix Employer Stamp Here	<div>Stamp Here</div>	Signature:	<input type="text"/>

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#### Applicant to Nominee

First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Residing Town:	<input type="text"/>	Email:	<input type="text"/>
Mobile:	<input type="text"/>	Phone:	<input type="text"/>

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#### Method of Payment

Account Name:	<input type="text"/>	Branch (BSB):	<input type="text"/>
Name of Bank:	<input type="text"/>	Account Number:	<input type="text"/>

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In the event of the employer no longer operating in the country, a Commission of Oaths, Priest/Pastor/Postman or a member of the Parliament or Provincial Assembly is authorised to sign & stamp the above.

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### Nominee 2

First Name:	Last Name:
Phone:	Email:

#### Nominee 2 Method of Payment

Account Name:	Branch (BSB):
Name of Bank:	Account Number:

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### Nominee 3

First Name:	Last Name:
Phone:	Email:

#### Nominee 3 Method of Payment

Account Name:	Branch (BSB):
Name of Bank:	Account Number:

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### Nominee 4

First Name:	Last Name:
Phone:	Email:

#### Nominee 4 Method of Payment

Account Name:	Branch (BSB):
Name of Bank:	Account Number:

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### Office Use:

Date Received:	Received By:	
Updated By:	Signature:	
Date Back Office:	Date:	