



RFLAUN

Retirement Fund for Local Authorities
and Utility Services in Namibia

Income Tax Ref. No.12/1/12/187 Registration No 25/7/7/107

UNCLAIMED BENEFITS

COMPLETE WHERE APPLICABLE USING BLOCK LETTERS OR TICK [✓]

A – MEMBER DETAILS

Former Employer				Cost Centre	
Title, Initials, Surname	Title	Initials	Surname	Company Ref. No	
First Name & Initials				Date of Birth	DD / MM / YYYY
Identity number	ID				
Income Tax Number				Revenue Office	
Postal address					
Contact number(s)					

B – FUND EXIT & PAYMENT DETAILS

Date of Termination of Service			
Type of payment desired	(a) Cash		(b) Transfer to approved Fund
(a) Cash payment	Electronic banking transfer	A duly originally signed and stamped verification of bank details form must be provided. If not, a not transferable cheque in the name of the member will be issued.	
(b) Transfer to approved fund	Name of Fund		
	Electronic banking transfer		

*Please only enquire two (2) months after the date of submission on the status of your claim with the Principal Officer.

C – PERSONAL DECLARATION

- I hereby warrant and declare that the information given is to the best of my knowledge correct;
- that this claim is subject to current Income Tax legislation;
- that it may be necessary to obtain a tax deduction directive from Inland Revenue and that this may delay the payment to me;
- that this claim is in full and final settlement of all amounts due to me under the Retirement Fund For Local Authorities and Utility Services In Namibia.

NB! An original certified copy of claimant's ID or passport is to accompany this claim form

Member's Signature

Date

Authorised (Fund) Signature

Date

**RETIREMENT FUND'S
STAMP**