Fiducia Services (Pty)(Ltd)

Plot 125, Unit 11 P.O.Box 70409

Gaborone International Finance Park Gaborone, Botswana

Tel: +267 319 0898 Fax: +267 319 0698



## **WITHDRAWAL NOTIFICATION FORM**

PERSONAL DETAILS	
Full Name:	
Employee Number: Member Number:	
Gender: F M	
Omang Number: Date of Birth/	
Date Joined Company:/ Date Joined Fund://	
Postal Address: Email Address	
Physical Address:	
Cell Number: Landline	
SALARY AND TAX DETAILS	
Salaries Paid in Current Tax Year: P	
P.A.Y.E : P	
Tax Identification Number (TIN):	
EXIT DETAILS	
Withdrawal Type: Resignation□ Dismissal□ Retrenchment / Redundanc	y□
Withdrawal Date:/ Last Contribution Date:/	
BENEFIT OPTIONS	
I would like to take the greater of P 25000 or 25% (33 <sup>1/3rd</sup> in the case of retrenchmin cash. I understand that in electing this option, my benefit will be subject to tax.	ent) of my benefits
I would like to transfer my <b>full</b> benefit to another approved fund (please complete th	e details below)
I would like my deferred benefit (where applicable) to remain in the fund.	
I would like to defer my <b>full</b> benefit and for it to remain in the fund.	
I would like my deferred benefit to be transferred to my new employer's fund or ano fund.	ther approved

Details of Fund for transfer of full or deferred	<u>oenefit</u>
New Employer's Pension Fund A Retirement Annuity Fund Preservation Retirement Fund	
Name of Fund: I	Policy Number(if applicable):
Contact Person:	
Contact Number:	
Member Signature:	
MEMBER ACCOUNT DETAILS	
Bank:Branch:	
Branch Code:	
Account No.: Type:_	
Account Holder:	
<u>IMPORTANT</u>	
The following documentation must be attached. P	lease provide originally certified copies.
Omang / ID proof of bank account	last payslip
COMPANY DECLARATION	
We hereby certify that, to the best of our knowled	ge, the above information is true and correct.
Name of Authorized Personnel:	Designation:
Contact Number: Aut	horized Signature:
Date:/	
Company Stamp	):