



Affix Recent Passport
Photograph

NOTICE OF RETIREMENT

Please fill form clearly in capital letters (one letter per box)

1. Account Holder's Particulars:

Title	Surname
<input type="text"/>	<input type="text"/>

First Name

Middle Name

PIN	Date of Birth	Sex (M/F)	Effective Date of Retirement	Marital Status
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
	(dd/mm/yy)		(dd/mm/yy)	(M/S/D/W)

Permanent Home Address:

Current Contact/Mailing Address:

Contact/Mailing Address (After retirement):

House Tel. Number Mobile Tel Number

2. Current Employment Details:

Employer's Name and Address

Employer Code

Total Annual Remuneration N: (Attach last Pay Slip)

3. Details of Benefits:

Accumulated Contributions

Amount of Retirement Bond N (If a public sector employee) State if Remitted to RSA: Yes No

Amount of Accrued benefits N (If a private sector employee) State if Remitted to RSA: Yes No

Total Balance on RSA: N

Expected Contribution to Date of Retirement N:

4. Reason/Ground for Retirement (Please tick appropriately)

Mandatory Retirement Medical Terms and Condition of Employment

a.) If on Medical, State Reasons:

Medical Condition:.....
.....

Name and Address of Physician/Hospital that issued the medical certificate:
.....

Date of Medical Certification

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(dd/mm/yy)

b.) If under Terms and Conditions Of Employment:

State Unique Terms and Conditions of employment:
.....

Certification by PFA:																				
PFA Code: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																				
_____ Authorised Signatory	_____ Official Stamp																			
Name: _____	Designation: _____																			
Date: _____																				

DOCUMENTS TO BE ATTACHED:

- (i) Official Notice of employment from employer.
- (ii) Last pay-slip.
- (iii) Any other evidence of total annual remuneration (specify).
- (iv) CTC of Retirement Bond Certificate (for employees in public sector).
- (v) Acknowledgement of debt (for employees in private sector)
- (vi) Medical Certificates (where retirement/exit is on medical grounds).
- (vii) Letter of notification of retirement by employer authenticating medical certificate.
- (viii) Terms and conditions of employment.
- (ix) Passport photograph
- (x) Programmed Withdrawal template