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SWAZILAND  
GOVERNMENT GAZETTE  
EXTRAORDINARY

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VOL. XXIV]

MBABANE, Friday, March 14th., 1986

[No. 428

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PUBLISHED BY AUTHORITY

SUPPLEMENT TO  
THE  
SWAZILAND GOVERNMENT  
GAZETTE  
EXTRAORDINARY

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PUBLISHED BY AUTHORITY

SWAZILAND NATIONAL PROVIDENT FUND ORDER, 1974

(Order No. 23 of 1974)

THE SWAZILAND NATIONAL PROVIDENT FUND (GENERAL)  
REGULATIONS, 1986

(Under section 44)

In exercise of the powers conferred by section 44 of the Swaziland National Provident Fund Order, 1974, the Minister for Labour and Public Service hereby makes the following Regulations—

*Citation and commencement.*

1. These Regulations may be cited as the Swaziland National Provident Fund (General) Regulations, 1985, and shall come into force on 1st April, 1986.

*Interpretation.*

2. In these Regulations unless the context otherwise requires—  
“financial year” means the period commencing on the 1st July in one year and ending on the 30th June in the following year.

*Forms.*

3. (1) The forms in the Schedules to these Regulations where applicable and, where unapplicable similar forms with such variations as circumstances may require, shall be used for the purposes of the Order and of these Regulations.

(2) Any form prescribed in these Regulations may be obtained free of charge from the Chief Executive Officer.

(3) The delay in the receipt of any prescribed form from the Chief Executive Officer shall not absolve an employer from his responsibility for making any payment to the Fund on due dates, and any failure to make such payments shall be a contravention of the Order or of these Regulations.

*Incomplete or inaccurate statements.*

4. If in the opinion of the Chief Executive Officer any document required to be completed under these Regulations is incomplete or inaccurate or is insufficiently clear, the sender shall comply with all lawful directions given to him by the Chief Executive Officer and shall complete and deliver a fresh document in place thereof or return the original document duly corrected as the case may require within 14 days of the receipt by him of the document.

*Signing of documents.*

5. Any document used in connection with the Fund which requires a signature of a member of the Fund may be signed with his written signature or, if he is unable to write, with his mark and shall, if the form requires it, be witnessed or authenticated by a literate witness.

*Duties of employees eligible for membership of the Fund.*

6. An eligible employee for membership of the Fund shall furnish to his employer any relevant information and produce any document necessary for the completion of the forms or returns prescribed under these Regulations.

*Registration of contributing employers.*

7. (1) An employer who is of a class or description specified under the Schedule to the Registration of Contributing Employers Regulations, 1975, shall register with the Fund by completing and forwarding to the Chief Executive Officer the form prescribed in Schedule I.

(2) An establishment which consists of several branches, depots, sections or other separately identified units, whether situated in the same place or in different places, shall for the purposes of the Registration of Contributing Employers Regulations, 1975, be deemed to be one and the same establishment, and the Regulations shall apply to all the workers therein eligible for membership of the Fund.

*Voluntary registration.*

8. An employer who is not required to register in accordance with the Registration of Contributing Employers Regulations, 1975, or, having registered, is not immediately required to become a contributing employer, may apply to the Chief Executive Officer for registration as a contributing employer by completing and forwarding the form prescribed in Scheduled II.

*Registration of religious organisation.*

9. A religious organisation desiring to make contributions to the Fund in respect of any minister of religion may apply to the Chief Executive Officer for registration as a contributing employer by completing and forwarding the form prescribed in Schedule III.

*Certificate of registration and account number.*

10. The Chief Executive Officer shall allot an account number to every contributing employer, and issue a certificate of registration to each such employer.

*Change of employer's name and address.*

11. A contributing employer shall notify the Chief Executive Officer of any change of name or registered address within 21 days of such change.

*Cancellation of employer's registration.*

12. The registration of a contributing employer who ceases to be an employer of an eligible employee shall be cancelled upon his completing and forwarding the form prescribed in Schedule IV.

*Registration of employees.*

13. (1) A contributing Employer shall—

- (a) complete and forward to the Chief Executive Officer in such form as he may require a return of persons currently employed by him who are eligible for membership of the Fund not later than 14 days from the date when he becomes a contributing employer; and

- (b) thereafter in accordance with regulation 20(2) notify the Chief Executive Officer on the form prescribed in Schedule V when any eligible employee first enters, or ceases to be, in his employ by adding the name of the employee in the form in case of a new employee, or by deleting his name from the form in the case of an employee who has left his employ.

(2) Any employee eligible for membership of the Fund shall complete the registration form prescribed in Schedule VI, and submit it to his employer, and where the employee is unable to complete the form himself, he shall supply the employer with the necessary particulars for the completion of the form.

(3) An employer shall submit the registration form of his new employee to the Fund which shall allocate a number to the employee, and return the member's certificate of registration to the employer upon receipt of the registration form.

(4) On receipt of the certificate of registration, the employer shall deliver the certificate to his new employee.

*Member to produce registration certificate to new employer.*

14. An employee who is already a member of the Fund shall produce his certificate of registration to each new employer, or where such certificate is stolen, lost, spoiled or destroyed, he shall produce such other evidence of his membership and registration number as he may possess.

*Issue of Fund numbers to existing members.*

15. (1) With effect from the date of the commencement of these Regulations, the Fund shall issue to all employers, membership registration forms for completion by all members of the Fund for the purposes of the allocation of new Fund numbers to the existing employees in place of those appearing in a member's graded tax documents.

(2) Once all employees of an employer have completed the forms, the employer shall forward these to the Fund.

(3) Upon receipt of the completed forms, the Fund shall allocate new numbers to each member, and issue certificates of registration and deliver them to the employer who shall in return deliver them to his employees upon receipt thereof.

*Determination of employee's year of birth.*

16. A person who is or shall become an employee eligible for membership of the Fund but is unable to state his year of birth on the registration form shall answer all questions and produce such documents as will enable the employer to determine his year of birth if required to do so.

*Employer's liability to pay statutory contributions.*

17. A contributing employer registered under the Order shall be liable to pay for each eligible employee in his service a statutory contribution prescribed under the Swaziland National Provident Fund (Statutory Contributions) Regulations, 1975.

*Employer obligated under Order and Regulations.*

18. (1) A contributing employer shall be bound by his obligations under the Order and these Regulations, in respect of any period prior to the date when he ceases to be a contributing Employer.

(2) Any contributing employer who disposes of any establishment registered by him with the Fund in terms of regulation 7, shall either himself or through an agent submit any contribution record required under these Regulations and make payment of any contribution or other money due to the Fund in respect of any period falling before the date when he ceased to be a contributing employer.

*Effective date for first payment of statutory contributions.*

19. A contributing employer shall pay statutory contributions for his eligible employees from the first day of the month next following the month in which he is required to register as a contributing employer unless the Minister has by Order prescribed a different date for such employer or a class of employers to which he belongs.

*Records to be kept by contributing employers.*

20. (1) A contributing employer shall maintain records showing —
- (a) in respect of each eligible employee whom he has engaged —
    - (i) the full names, sex, graded tax identity number and year of birth of the employee;
    - (ii) the dates on which the employment commenced and terminated;
    - (iii) the date and amount of each payment of wages to the employee;
    - (iv) the amount of each statutory contribution due in respect of the employee; and
    - (v) the amount deducted from any payment of wages by way of an employee's share of a statutory contribution.
  - (b) in respect of each casual employee whom he has engaged —
    - (i) the days during which the employee is employed;
    - (ii) the date and amount of each payment of wages to the employee; and
    - (iii) the date and amount of each payment he makes to the Fund by way of special contributions under any Order of the Minister made under section 16 of the Order; and
  - (c) the date and amount of each payment he makes to the Fund by way of contributions under the Order.
- (2) On or before the twenty-first day of every month a contributing employer shall complete and forward to the Chief Executive Officer a return in the form prescribed in Schedule V listing —
- (a) all new employees in his service who have become eligible employees during the prior calendar month; and
  - (b) all eligible employees whose services have been terminated during the prior calendar month.
- (3) As soon as practicable after the end of every calendar month a contributing employer shall make a record of wages paid to an eligible employee and the amount of the contributions payable in respect of those wages for that month on a contribution record form supplied by the Chief Executive Officer for the purpose.

(4) A contributing employer shall complete a contribution record card in respect of any employee leaving his services, showing the total statutory and supplementary contributions paid by such employer in respect of such employee during the current years, and the employer shall hand the original copy of such card to the employee and retain a duplicate copy for himself for a minimum period of two years after the date of handing the original to the employee.

(5) Notwithstanding subregulation (3) and (4), the Chief Executive Officer may approve in writing other arrangements being made by a contributing employer for the maintenance of contribution records and the transmission to him of the required information.

*Payment and reporting of statutory contribution.*

21. (1) On or before the twenty-first day of each month a contributing employer shall forward to the Chief Executive Officer all statutory contributions and other contributions payable by him in respect of wages paid to his eligible employees during the prior calendar month, and shall certify on an appropriate form provided by the Chief Executive Officer the correctness of the contributions so paid.

(2) A contributing employer may make one consolidated payment for all or several of his establishments registered with the Fund under regulation 7 provided that the amounts of contributions payable in respect of each establishment are distinctly indicated.

(3) A contributing employer shall pay all contributions to the Fund —

- (a) in cash at the head office of the Fund;
- (b) by postal order, money order or cheque drawn on a bank in Swaziland, sent or delivered by post to the head office of the Fund; or
- (c) in such manner as the Chief Executive Officer may authorise in any particular case or class of case.

(4) Notwithstanding subregulation (1), the Chief Executive Officer may approve in writing other arrangements being made by a contributing employer for the transmission to him of the required information.

*Successive or concurrent employment.*

22. If a member of the Fund is successively employed by two or more contributing employers in the same contribution period, or is concurrently employed by two or more contributing employers in the same contribution period, the Chief Executive Officer may, on application by the contributing employers or the member of the Fund—

- (a) refund such part of the contribution paid to the Fund as may exceed the contribution that would have been paid for such period if the member of the Fund had been employed by only one contributing employer; or
- (b) direct that the contributions payable in respect of the member of the Fund be reduced so that their aggregate do not exceed the amount that would have been payable had the member been employed by only one contributing employer.

*Refund of contributions made in error.*

23. If the Chief Executive Officer is satisfied that any amount has been paid to the Fund in error, in excess of the amount that was due to be paid, he may refund the amount paid to the person by whom it was made:

Provided that —

- (a) if the refund of such excess payment is not claimed within two years of the date of which it was made, or if the member of the Fund in respect of whom it was made has withdrawn it as a benefit, such excess payment shall not be refunded but shall be deemed to have been properly made and shall, unless already credited, be credited to the account of the member or members in respect of whom it was made; and
- (b) if any amount is due to the Fund from the person to whom refund of the amount paid in excess would otherwise be made, the Chief Executive Officer may retain the whole or any part of such excess payment and set it off against such amount as is due.

*Member wishing to contribute on his own behalf.*

24. A member of the Fund wishing to make payments on his own behalf in accordance with the provisions of section 20 of the Order, shall make application to the Chief Executive Officer in the form prescribed in Schedule VII.

*Employers record of contributions.*

25. The Chief Executive Officer shall maintain a record showing contributions and other moneys paid by each contributing employer.

*Official receipts.*

26. Only the Fund's official numbered and date stamped receipt shall be sufficient evidence of the discharge of payments in respect of contributions and other moneys due to the Fund.

*Members contribution records.*

27. The Chief Executive Officer shall maintain a record showing all contributions paid by employers on behalf of a member for credit to his main account or savings account in the Fund, interest credits authorised by the Board, and any benefits paid or refunds made to him in accordance with the Order.

*Members annual statement of account.*

28. (1) As soon as possible after the end of every financial year, the Chief Executive Officer shall furnish to the employer of each member of the Fund a statement showing the member's accumulations in the Fund at the end of such financial year, and the employer shall transmit the statement to the member.

(2) In January of each year, by notice in a newspaper circulating in Swaziland the Chief Executive Officer shall invite all members of the Fund who have not received a statement in accordance with subregulation (1) hereof to apply to him for such statement.

*Application for benefit.*

29. Members of the Fund eligible for benefit shall apply to the Chief Executive Officer on the appropriate form prescribed in the Swaziland National Provident Fund (Benefit) Regulations, 1975.

*Competency to nominate persons for survivor's benefit.*

30. (1) An eligible employee who has attained the age of eighteen years shall be competent to nominate on the form prescribed in Schedule VIII to these Regulations, beneficiaries to whom the accumulations standing to his credit should be paid in the event of his death.

(2) A member who wishes to make any change among the persons previously nominated by him to receive a benefit in the event of his death, or any change in the extent of their shares of such benefit, must complete and forward to the Chief Executive Officer a new nomination form for the purpose.

*Obligation of employers to assist members.*

31. A contributing employer shall assist a member of the Fund in his employ with the completion of any forms prescribed for the purpose of obtaining benefit from the Fund.

*Revocation of Legal Notice No. 20 of 1975 and Legal Notice No. 25 of 1975.*

32. The Swaziland National Provident Fund (General) Regulations, 1975 and the Registration of Eligible Employers Regulations, 1975 are hereby revoked.

J.D. MNGOMEZULU  
*Principal Secretary*

MBABANE,  
20th February, 1986.

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SCHEDULE I

Form NPF 1

To: Chief Executive Officer,  
Swaziland National Provident Fund,  
P.O. Box 1857,  
MANZINI.

Please register me as a contributing employer in accordance with the provisions of paragraph two of the Registration of Contributing Employers Order, 1975.

.....  
(Signature)

.....  
(Your full name)

.....  
(Designation or Official Status)

Date:.....

- 
1. Full business name: .....
  2. Name (s) of Business Directors:.....  
.....
  3. Postal address: .....
  4. Telephone Number: .....
  5. Date business commenced (if after 1st February, 1975): .....
  6. Nature of business: .....
  7. Graded Tax Code Number: .....
  8. Full address where business is carried on (street address and Town or District):  
.....
  9. Total number of employees at date of registration: .....

**NOTE:**

Separate applications for registration may be sent to the Fund's Office where the employer has separate branches, depots or sections of his organisation which he requires to identify separately for accounting purposes, e.g. paypoints, farms, projects or staff of different categories:-

## SCHEDULE II

Form NPF 6

## SWAZILAND NATIONAL PROVIDENT FUND

## VOLUNTARY REGISTRATION OF EMPLOYER

To: Chief Executive Officer,  
Swaziland National Provident Fund,  
P.O. Box 1857,  
MANZINI.

Dear Sir,

I apply for registration as a contributing employer in terms of section 10 of the Swaziland National Provident Fund Order, 1974, and for my present and future employees eligible for membership to become members of the Fund.

I confirm that my employees have been informed of this application, and have expressed their agreement to pay the "employee's share" of the appropriate statutory contributions from their wages.

I set out below the details you require to effect my registration, and list overleaf particulars of my employees currently eligible for membership.

Yours faithfully,

.....  
(Signature)

.....  
(Designation or Official Status)

Date:.....

Full business name: .....

Postal address: .....

Telephone number: .....

Nature of business: .....

Full address where business is carried on: .....

.....

.....

Total number of eligible employees at date of registration: .....



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SCHEDULE III

Form NPF 7

SWAZILAND NATIONAL PROVIDENT FUND

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REGISTRATION OF A RELIGIOUS ORGANISATION

To: Chief Executive Officer,  
Swaziland National Provident Fund,  
P.O. Box 1857,  
MANZINI.

Date:.....

Dear Sir,

We, the undersigned, being duly authorised officers of the religious organisation named below, hereby apply in terms of section II of the Swaziland National Provident Fund Order, 1974, for the organisation to be registered as a contributing employer.

We desire to pay statutory contributions into the Fund in respect of the persons named overleaf who are ministers of religion, and in receipt of stipends from this organisation.

Yours faithfully,

Designation: ..... Signature:.....

Designation: ..... Signature:.....

---

Full name of religious organisation:

.....  
.....

Full name and address of Treasurer or other financial officer who will be responsible for the payment of contributions:

.....  
.....

Is the organisation already registered in respect of its employees eligible for membership of the Fund? If so, please quote account number.

.....



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SCHEDULE IV

Form NPF 9

SWAZILAND NATIONAL PROVIDENT FUND

APPLICATION BY EMPLOYER FOR CANCELLATION  
OF REGISTRATION AS A CONTRIBUTING EMPLOYER

Address of employer

To: Chief Executive Officer,  
Swaziland National Provident Fund,  
P.O. Box 1857,  
MANZINI.

Dear Sir,

Account No. : .....

I apply for the cancellation of my registration as a contributing employer to the Fund in terms of section 9(2) of the Swaziland National Provident Fund Order, 1974.

The grounds of my application are that continuously for a period of not less than three months I have not employed an employee eligible for membership of the Fund, and have no present intention of employing such a person.

I return my Certificate of Registration for cancellation.

Yours faithfully,

.....  
(Signature)

Date: .....

.....  
(Official Designation)



SCHEDULE VI

SWAZILAND NATIONAL PROVIDENT FUND

(Under section.....of the Swaziland National  
Provident Fund (General) Regulations, 1986)

Employer Number

FOR OFFICIAL USE ONLY

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Member's Number									

Employer's Name .....

and Address .....

.....

.....

**IMPORTANT.** This form must be completed by all new members of the Fund.

After completion, the form must be sent by the employer to the Chief Executive Officer, Swaziland National Provident Fund, P.O. Box 1857, MANZINI.

1. FIRST NAME: .....

SECOND NAMES IN FULL .....

.....

2. NAME OF FATHER .....

3. NAME OF WIFE/HUSBAND .....

.....

4. DATE OF BIRTH.....SEX .....

5. MARITAL STATUS  
(unmarried, married, widow, widower) .....

6. HOME ADDRESS .....

Chief.....Indvuna .....

.....

Headman .....

Inkhundla.....

7. Postal address: P.O. Box .....

Town.....

8. Graded Tax Number .....

I declare that I have not previously been a member of the Fund.

Signature.....

Date .....

Right thumb impression (if illiterate)

**EMPLOYER'S DECLARATION**

I certify that the above declaration has been signed or thumbprinted in my presence after the employee has read the entries/has had the entries read to him/her by me.

Signature of Employer .....

Date.....

Official Stamp.

\*Delete as appropriate.

## SCHEDULE VII

## SWAZILAND NATIONAL PROVIDENT FUND

APPLICATION BY MEMBER TO CONTRIBUTE TO THE FUND  
ON HIS OWN BEHALF

To: Chief Executive Officer,  
Swaziland National Provident Fund,  
P.O. Box 1857,  
MANZINI.

Date .....

Dear Sir,

As I am not currently employed by a contributing employer, I hereby apply in terms of section 20 of the Swaziland National Provident Fund Order, 1974, to make contributions to the Fund on my own behalf.

My last employer was .....

of .....

and the employee's share of the last statutory contributions paid to the Fund on my behalf was E..... in respect of my wages for the month of .....19.....

With effect from the 1st .....19.....

I wish to contribute the sum of E..... per month for credit to my main account in the Fund, and I shall be glad to have details of the arrangements you require for payment.

I undertake to inform you when I am next employed by a contributing employer as I fully understand that my right to make voluntary payments to the Fund will then cease as contributions will be made in the normal way by my employer.

Yours faithfully,

.....  
(Signature)



\*The age to be entered in this column is the age or approximate age of the nominee at the date of completion of this form.

Member's Signature  
(or mark)

Name of Witness  
(in BLOCK CAPITALS)

.....  
Date:.....

.....  
Address: .....

.....  
.....

Signature of Witness:  
.....

SWAZILAND NATIONAL PROVIDENT FUND ORDER, 1974

(Order No. 23 of 1974)

SWAZILAND NATIONAL PROVIDENT FUND (BENEFIT) (AMENDMENT)  
REGULATIONS, 1986

(Under section 44)

In exercise of the powers conferred by section 44 of the Swaziland National Provident Fund Order, 1974, the Minister for Labour and Public Service hereby makes the following Regulations —

*Citation and commencement.*

1. These Regulations may be cited as the Swaziland National Provident Fund (Benefit) (Amendment) Regulations, 1986 shall be read as one with the Swaziland National Provident Fund (Benefit) Regulations, 1975 and shall come into force on the 1st April, 1986.

*Amendment of Schedule.*

2. The Schedule to the Swaziland National Provident Fund (Benefit) Regulations, 1975 is replaced with the Schedule hereto.

J.D. MNGOMEZULU  
*Principal Secretary*

MBABANE,  
20th February, 1986

LIDLELANTFONGENI

**SWAZILAND NATIONAL PROVIDENT FUND  
CLAIM FOR RETIREMENT BENEFIT**

**Persons claiming this benefit must have attained the age of 45 years  
and retired from regular wage-earning employment**

<p><b>1. Name and address of claimant (IN BLOCK LETTERS)</b></p> <p>(a) Surname .....</p> <p>(b) Other Names .....</p> <p>(c) Social Security Number .....</p> <p>(d) Year of birth.....</p> <p>(e) Date of Joining NPF .....</p> <p>(f) Address for correspondence .....</p> <p>.....</p> <p>(g) Residential address .....</p> <p>.....</p>	<p style="text-align: center;"><b>For Office use only</b></p>  <p style="text-align: center;"><b>NPF 20 sent</b></p> <p style="text-align: center;">on .....</p> <p style="text-align: center;"><b>Initials</b></p>
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**2. Claimant's present or last employer**

(a) Employer's full name and address

Account Number  
(if known)

.....

(b) Claimant's occupation and works number (if any)

.....

(c) If not employed, state date left the above-mentioned employer

.....

## 3. Claimant's previous employers

Employer's full names	Claimant's occupation & works No. (if any)	Period Employed		Employer's Account No.
		From	To	
(a) .....				
.....				
(b) .....				
.....				
(c) .....				
.....				

(If this space is insufficient, please use separate sheet)

## 4. Declaration of retirement:

I declare that I am over 45 years of age and that—

- (a) I am self-employed as a .....at )  
 ) Complete and delete as  
 ..... ) applicable  
 )
- (b) I have already retired from regular employment )  
 with effect from .....)

## 5. Claim for benefit:

I hereby claim a retirement benefit under the Swaziland National Provident Fund Order 1974, and I declare that the particulars in support of this claim are correct to the best of my knowledge and belief.

I wish the benefit payment to be sent to me at the following address:


Claimant's Signature (or mark):

.....

Date .....

Attesting witness:

(A Labour Officer, or Social Welfare Officer, or ) Signature .....  
Minister of Religion, or Legal Practitioner, or )  
Bank Manager, or Medical Practitioner, or ) Full name .....  
Commissioner for Oaths) )  
.....

(IN BLOCK LETTERS)

Designation .....

.....

Address .....

.....

This form should be sent to:

The Chief Executive Officer,  
Swaziland National Provident Fund,  
P.O. Box 1857,  
MANZINI.

## SWAZILAND NATIONAL PROVIDENT FUND

## CLAIM FOR AGE BENEFIT

Persons claiming this benefit must have attained the age of 50 years

<p>1. Name and address of claimant (IN BLOCK LETTERS)</p> <p>(a) Surname .....</p> <p>(b) Other names .....</p> <p>.....</p> <p>(c) Social Security Number .....</p> <p>(d) Year of birth .....</p> <p>(e) Date of joining National Provident Fund .....</p> <p>(f) Address for correspondence and benefit payment .....</p> <p>.....</p> <p>.....</p> <p>(g) Residential address .....</p> <p>.....</p> <p>.....</p>	<p>For Office use only</p>  <p>NPF 20 sent on .....</p> <p>Initials</p> <hr/>
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<p>2. Claimant's present or last employer</p> <p>(a) Employer's full name and address:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(b) Claimant's occupation and works number (if any):</p> <p>.....</p>	<p>Account Number (if known)</p> <p>.....</p>
--	---

(c) If not employed, state date left the above-mentioned employer:

.....

3. Claimant's previous employers

Employer's full names & addresses	Claimant's occupation & Works No. (if any)	Period employed from To		Employer's Account No.
(a) .....				
(b) .....				
(c) .....				

(If this space is insufficient, please write details on a separate sheet)

4. Claim for benefit

I hereby claim a benefit having attained the age of ..... years, under the Swaziland National Provident Fund Order, 1974, and I declare that the particulars in support of this claim are correct to the best of my knowledge and belief.

I wish the benefit payment to be sent to me at the following address:-

.....
.....
.....

Claimant's Signature (or mark).....

Date .....

Attesting Witness:

(A Labour Officer, or Social Welfare Officer,  
or Minister of Religion, or Legal Practitioner,  
or Bank Manager, or Medical Practitioner,  
or Commissioner for Oaths)

Signature .....

Full Name .....  
(BLOCK LETTERS)

Designation .....

Address.....

.....

This form should be sent to:

The Chief Executive Officer,  
Swaziland National Provident Fund,  
P.O. Box 1857, MANZINI.

**SWAZILAND NATIONAL PROVIDENT FUND  
CLAIM FOR INVALIDITY BENEFIT FOR MEMBER SUFFERING  
FROM PHYSICAL DISABILITY**

**NOTE:** If a member is unemployable by reason of mental disability, a claim may be made on his behalf on Form NPF 33M.

<b>1. Name and Address of claimant (IN BLOCK CAPITALS)</b>  (a) Surname .....  (b) Other Names ..... .....  (c) Social Security Number .....  (d) Year of Birth .....  (e) Date of joining NPF .....  (f) Postal address .....  (g) Residential address ..... .....	<b>For Office use only</b> <hr/> NPF 20 sent .....  <b>Initials</b> ..... .....
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**2. Grounds of claim etc.:**

(a) Nature of the physical disability which renders the claimant unemployable:

.....  
 .....

(b) Nature of supporting evidence:

.....  
 .....

(c) Documents attached:

(i) .....

(ii) .....

(iii) .....

- (d) Name and address of hospital or other treatment centre where claimant has been treated for the disability .....
- .....
- .....

3. Claimant's employment:

- (a) Full name and address of the claimant's last employer who was a contributing employer under this order:

.....

.....

- (b) Claimant's occupation, and works number, if known .....

- (c) Date or approximate date, when claimant last worked for that employer:

..... 19.....

For office use only

4. If disability caused by accident at work

- (a) State whether workmen's compensation has been claimed, and if so, give the workmen's compensation office reference No.:

.....

- (b) State briefly where, and how, the accident happened

.....

.....

(If insufficient space, please attach statements to this form)

Claim for Provident Fund benefit:

5. I hereby declare that I am suffering from:-

- \* Delete as applicable
- \* Permanent total incapacity
- \* Partial incapacity of a permanent nature and that I am over the age of Fifty years.
- \* Partial incapacity of a permanent nature as a result of which I am unable to earn a reasonable livelihood.

I further declare that the particulars supplied in support of this claim are correct to the best of my knowledge and belief.

I wish the benefit payment to be sent to me at the following address:-

.....  
.....  
.....

Claimant's signature (or mark):

.....

Date .....

Attesting witness:

(A Labour Officer, or Social Welfare Officer, or  
Minister of Religion, or Legal Practitioner, or  
Bank Manager, or Medical Practitioner, or  
Commissioner of Oaths.

Signature .....  
) Full Name .....  
(IN BLOCK LETTERS)

Designation.....

Address.....  
.....  
.....

This form should be sent to:

The Chief Executive Officer,  
Swaziland National Provident Fund,  
P.O. Box 1857,  
MANZINI.

**SWAZILAND NATIONAL PROVIDENT FUND  
CLAIM FOR INVALIDITY BENEFIT ON BEHALF OF MEMBER  
SUFFERING FROM MENTAL DISABILITY**

<p>1. Name and address of member: (IN BLOCK LETTERS)</p> <p>(a) Surname .....</p> <p>(b) Other Names .....</p> <p>(c) Social Security Number .....</p> <p>(d) Year of birth .....</p> <p>(e) Date of joining NPF .....</p> <p>(f) Postal address .....</p> <p>(g) Residential address .....</p> <p>.....</p>	<p style="text-align: center;">For office use Only NPF 20 sent</p> <p style="text-align: center;">Initials</p>
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2. Grounds of claim:
- (a) When did the member's mental disability first occur?
- .....
- (b) Has the member been subject to an Order of the High Court? If so give particulars:
- .....
- .....
- .....
- (c) Name and address of hospital or other treatment centre where member has been treated for disability:
- .....
- (d) Name and address of Doctor to whom reference may be made for a report on the circumstances of the claim:
- .....
- (e) Documents attached in support of applicant's claim that the member is unemployable by reason of mental disability:

- (i) .....
- (ii) .....
- (iii) .....

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use only

3. Member's employment:

(a) Full name and address of the member's last employer who was a contributing employer under this order:

.....

(b) Member's occupation and works number if known

.....

(c) Date or approximate date, when member last worked for that employer:

..... 19.....

4. I hereby declare that the member whose particulars are given overleaf is in my care and control, and that I am responsible for his/her maintenance and support.

I further declare that the particulars given in support of this claim for the member's benefit are correct to the best of my knowledge and belief.

I wish the benefit payment to be sent to me at the following address:

.....  
.....  
.....

Applicant's signature (or mark) .....

Date .....

Attesting witness:

(District Commissioner, ) Signature .....

Legal Practitioner, or ) .....

Commissioner of Oaths ) Full name .....

Designation .....

Address .....

This form should be sent to:

The Chief Executive Officer,  
Swaziland National Provident Fund,  
P.O. Box 1857,  
MANZINI.

**SWAZILAND NATIONAL PROVIDENT FUND  
CLAIM FOR EMIGRATION BENEFIT**

<p><b>1. Name and address of claimant (IN BLOCK LETTERS)</b></p> <p>(a) Surname .....</p> <p>(b) Other names .....</p> <p>(c) Social Security Number .....</p> <p>(d) Year of birth .....</p> <p>(e) Date of joining NPF .....</p> <p>(f) Address for correspondence .....</p> <p>.....</p> <p>(g) Residential address .....</p> <p>.....</p> <p>(h) Passport number .....</p> <p>(i) Place and date of issue.....</p> <p>.....</p>	<p>For office use only</p>
<p><b>2. Claimant's present employer or last employer</b></p> <p>(a) Employer's full name and address .....</p> <p>.....</p> <p>.....</p> <p>(b) Claimant's occupation .....</p> <p>(c) Works number (if any) .....</p> <p>(d) Date when claimant left employment or is leaving present employment</p> <p>.....</p>	

## 3. Grounds of claim

(a) Date on which claimant emigrated or is about to emigrate from  
Swaziland .....

(b) Address to which communications should be sent in country of  
destination .....

.....

.....

.....

## 4. Claimant's previous employers

Employer's full name and  
address

	Claimant's occupation & works No. (if any)	Period employed		Employers Account No.
		From	To	
(a) .....				
.....				
.....				
(b) .....				
.....				
.....				
(c) .....				
.....				
.....				
.....				

(If this space is insufficient, please write details on a separate sheet)

## 5. Declaration and Claim

I declare that I am about to emigrate/have emigrated from Swaziland and that I have no present intention of returning to Swaziland. I therefore claim an Emigration benefit under the Swaziland National Provident Fund order, 1974.

I further declare that the particulars in support of this claim are correct to the best of my knowledge and belief.

Signature of claimant (or his mark).....

Date.....

Attesting witness:	)	
(A Labour Officer, or Social Welfare Officer, or Minister of Religion, or Legal Practitioner, or Commissioner of	)	Signature .....
	)	Full Name .....
	)	(IN BLOCK LETTERS)

Oaths) Designation .....

Address.....

.....  
.....

This form should be sent to:

The Chief Executive Officer,  
Swaziland National Provident Fund,  
P.O. Box 1857,  
MANZINI.

**SWAZILAND NATIONAL PROVIDENT FUND**  
**CLAIM FOR BENEFIT BY WIDOW, OR WIDOWER, OR**  
**NOMINEE OF DECEASED MEMBER**

<p>1. Particulars of deceased member:  <b>(IN BLOCK LETTERS)</b></p> <p>(a) Surname .....</p> <p>(b) First name .....</p> <p>.....</p> <p>(c) Social Security Number .....</p> <p>(d) Date of death .....</p> <p>(e) Documentary evidence of death attached (for example from hospital, funeral director's account etc.)</p> <p>(i) .....</p> <p>(ii) .....</p> <p>(iii) .....</p> <p>(f) If there is no documentary evidence state briefly circumstances of death and give the names and addresses of two persons who can confirm the fact:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p style="text-align: center;">For Office use only</p> <p style="text-align: center;">NPF 20 sent on</p> <p style="text-align: center;">.....</p> <p style="text-align: center;">Initials</p> <p style="text-align: center;">.....</p>
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<p>2. Employment of deceased member:</p> <p>(a) Full name and address of member's last employer who was a contributing employer under the order:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(b) Member's occupation, and works number if known:</p> <p>.....</p>	<p>Account No.</p> <p>.....</p>
<p>1. Particulars of claimant (IN BLOCK LETTERS)</p> <p>(a) Surname .....</p> <p>(b) Other names .....</p> <p>(c) Social Security Number .....</p> <p>(d) Postal address .....</p> <p>.....</p> <p>(e) Residential address .....</p> <p>.....</p> <p>(f) Of the following three statements, delete the two which do not apply:</p> <p>(i) The claimant is the widow of the member, with whom he was cohabiting at the time of his death.</p> <p>(ii) The claimant is the widower of the member, with whom she was cohabiting at the time of her death.</p> <p>(iii) The claimant is one of the family of the member, nominated by the member to receive the benefit payable on the member's death.</p> <p>(g) Where (iii) of the previous question applies, state claimant's relationship to the member</p> <p>.....</p>	<p>For Office use only</p>

4. Declaration and claim

I declare that the particulars given in support of this claim are correct to the best of knowledge and belief and accordingly I claim the benefit due from the Swaziland National Provident Fund on the death of the member of the Fund named overleaf.

I wish the benefit payment to be sent to me at the following address.

.....  
.....  
.....

Claimant's Signature or mark .....

Date.....

Attesting witness:

(A Labour Officer, or Social ) Signature .....  
Welfare Officer, or Minister )  
of Religion, or Legal ) Full Name .....  
Practitioner, or Bank Mana- ) (IN BLOCK LETTERS)  
ger or Medical Practiti- )  
oner, or Commissioner of ) Designation .....  
Oaths) Address.....  
.....

This form should be sent to:

The Chief Executive Officer,  
Swaziland National Provident Fund,  
P.O. Box 1857,  
MANZINI.



## 3. Particulars of claimant:

(IN BLOCK LETTERS)

- (a) Surname .....
- (b) Other names .....
- (c) Graded Tax Number .....
- (d) Postal address .....
- .....
- (e) Residential address .....
- .....
- (f) Age .....
- (g) Relationship to deceased .....
- (h) Full names & addresses of claimant's employer  
(if any) .....
- (i) Give the reason(s) why the claimant was wholly, or partly,  
dependent on the deceased member
- .....
- (j) How long had the claimant been wholly, or partly de-  
pendent on the deceased member
- .....
- (k) Extent of claimant's dependency on member:
- (i) Approximate amount of claimant's weekly or monthly  
CASH income from all sources
- .....
- (ii) Approximate amount which the deceased member,  
while in employment, contributed in cash each week  
or month to the claimant's support:
- .....
- (iii) Apart from cash, if any, in what other ways did the  
member support or provide for the claimant? (Did  
he for example, provide accommodation, or food or  
clothing?)
- Give details .....
- .....

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use only

4. Declaration and claim

I declare that I am a member of the family of the deceased person and that I was wholly or in part dependent on him for the ordinary necessities of life. Accordingly I claim benefit under the Swaziland National Provident Fund Order, 1974.

I further declare that the particulars given in support of this are correct to the best of my knowledge and belief.

I wish the benefit payment to be sent to me at the following address.

.....  
.....  
.....

Claimant's Signature (or mark) .....

Date .....

Attesting witness:

(A Labour Officer, or Social ) Signature .....  
Welfare Officer, or Minister of )  
Religion, or Legal Practiti- ) Full Name .....  
oner, or Bank Manager, or )  
Medical Practitioner, or ) .....  
Commissioner of Oaths) ) (IN BLOCK LETTERS)

Designation .....

Address.....  
.....

This form should be sent to:

The Chief Executive Officer,  
Swaziland National Provident Fund,  
P.O. Box 1857,  
MANZINI.



3. Particulars of child(ren):

Enter in the columns below particulars of each child, now in the care of the guardian, who was included in the family of the deceased member and who was wholly or in part dependent on him at the time of his death (or would but for his illness have been so dependent).

	First or only Child	Second Child	Third Child	Fourth Child	Fifth Child
(a) Child's surname .....					
First name .....					
Age .....					
(b) Relationship of child to deceased member					
(c) Present residential address of Child					
(d) Was child residing with & wholly supported by the deceased member?					
(e) If the answer to (d) is "NO" in what way did the deceased support or provide for the child? Give details					

## 4. Particulars of Guardian (IN BLOCK LETTERS)

- (a) Surname .....
- (b) Other names .....
- (c) Graded Tax Identity Number .....
- (d) Postal address .....
- (e) Reside address .....
- .....
- (f) Age.....
- (g) Relationship, if nay, to deceased .....
- .....

For office  
use only

## 5. Declaration, and application for payment

I declare that I am the guardian of the child(ren) named overleaf, each one of whom is a member of the family of the deceased member named on page 1, and accordingly I apply for payment of the benefit due to the child(ren) under the Swaziland National Provident Fund Order.

I undertake to use the benefit for the maintenance and education of the child(ren) and to render such reports on the administration of the benefit as may be required.

I further declare that the particulars given in support of this application are correct to the best of my knowledge and belief.

I wish the benefit payment to be sent to me at the following address:

.....
.....
.....

Guardian's Signature (or mark) .....

Date.....

Attesting witness:

(A Labour Officer, or Social ) Signature .....

Welfare Officer, or Minister of )

Religion, or Legal Practitioner, ) Full name.....

or Bank Manager, or Medical ) (IN BLOCK LETTERS)

Practitioner, or Commissioner )

of Oaths) Designation .....

Address.....

This form should be sent to:

The Chief Executive Officer,  
Swaziland National Provident Fund,  
P.O. Box 1857,  
MANZINI.

**SWAZILAND NATIONAL PROVIDENT FUND  
CLAIM FOR SAVINGS BENEFIT**

Persons can claim this benefit only after leaving employment:

<p>Name and address of claimant (IN BLOCK LETTERS)</p> <p>(a) Surname .....</p> <p>(b) Other names .....</p> <p>(c) Social Security Number .....</p> <p>(d) Year of birth .....</p> <p>(e) Date of joining NPF .....</p> <p>(f) Address for correspondence: ..... .....</p>	<p style="text-align: center;">For office use only</p> <p style="text-align: center;">NPF 20 sent on ..... Initials: .....</p>
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**Claimant's last employer**

(a) Employer's full name and address

Account No.  
(if known)

.....  
.....  
.....

(b) Claimant's occupation and works number (if any):

.....

(c) State date of leaving the above-mentioned employer's service:

.....

**Claimant's previous employers:**

Employers' full names and addresses:	Claimant's occupation & works No. (if any)	Period employed		Employer's Account No.
		From	To	
(a) .....				
.....				
(b) .....				
.....				
(c) .....				
.....				

(If this space is insufficient, please use separate sheet)

4. Claim for benefit:

I hereby claim a withdrawal benefit under the Swaziland National Provident Fund (Private Scheme) Withdrawal Benefit Regulations, 1975, and I declare that the particulars in support of this claim are correct to the best of my knowledge and belief.

I wish to receive the sum of E..... representing 40% of the capital sum paid into the Swaziland National Provident Fund on my behalf by my employer/former employer.

Please send the benefit to me at the following address:

.....
.....
.....
.....

Claimant's Signature (of mark): .....

Date: .....

Attesting witness:

(A Labour Officer, or Social ) Signature: .....

Welfare Officer, or Minister of )

Religion, or Legal Practitioner, ) Full name: .....

or Bank Manager, or Medical ) (IN BLOCK LETTERS)

Practitioner, or Commissioner of )

Oaths) .....

Designation: .....

Address: .....

.....

This form should be sent to:

The Chief Executive Officer,  
Swaziland National Provident Fund,  
P.O. Box 1857,  
MANZINI.

**SWAZILAND NATIONAL PROVIDENT FUND**  
**CLAIM FOR PRIVATE SCHEME WITHDRAWAL BENEFIT**

<b>Name and address of claimant:</b> <b>(IN BLOCK LETTERS)</b>	<b>For Office use only</b>
(a) Surname .....	<b>NPF 20 sent</b>
(b) Other names .....	.....
(c) Social Security Number .....	<b>Initials</b>
(d) Year of birth .....	.....
(e) Date of joining NPF .....	
(f) Address for correspondence: ..... ..... .....	

**Claimant's employer**

(a) Employer's full name and address:

 Account No.  
 (if known)

.....  
 .....  
 .....

(b) Claimant's occupation and works number (if any)

.....  
 .....

(c) State date of leaving the above-mentioned employer's service:

.....

**Name of employer's private pension or provident fund scheme:**

.....  
 .....

Membership Number (if any) .....

Total credit paid into S.N.P.F. by employer: .....

4. Claim for benefit:

I hereby claim a withdrawal benefit under the Swaziland National Provident Fund (Private Scheme) Withdrawal Benefit Regulations, 1975, and I declare that the particulars in support of this claim are correct to the best of my knowledge and belief.

I wish to receive the sum of E.....representing 40% of the capital sum paid into the Swaziland National Provident Fund on my behalf by my employer/ former employer.

Please send the benefit to me at the following address:

.....
.....
.....
.....

Claimant's Signature (of mark):.....

Date:.....

Attesting witness:

(A Labour Officer, or Social Welfare Officer, or Minister of Religion, or Legal Practitioner, or Bank Manager, or Medical Practitioner, or Commissioner of Oaths)	)	Signature:.....
	)	Full name: .....
	)	(IN BLOCK LETTERS)

Designation: .....

Address: .....

This form should be sent to:

The Chief Executive Officer,  
Swaziland National Provident Fund,  
P.O. Box 1857,  
MANZINI.