

UNIFIED COUNCILS PENSION FUND

3rd Floor West
UCPF Building
162 Harare Street
HARARE.
Tel: 04 756548 / 757762

P.O.BOX MP 984
Mount Pleasant
HARARE

55 J Tongogara
Office No.6
Dan Square Building
BULAWAYO.
Tel:09 888956 / 888983

WITHDRAWAL CLAIM FORM

NAME:

SURNAME:

I.D NUMBER:

DATE OF ENGAGEMENT:

DATE OF WITHDRAWAL:

COUNCIL:

PENSION NUMBER:

Salary & Allowances to date of termination:..... PAYE Deducted:

(Please tick appropriate box) RESIGNATION DISCHARGE TRANSFER
CASHED BANKED

BANK / BUILDING SOCIETY :

ACCOUNT NUMBER:

BRANCH:

COUNCIL OFFICIAL'S NAME:

SIGNATURE:

DATE:

CONTACT DETAILS

HOME ADDRESS:

.....

.....

PHONE NUMBER: /

PLEASE ATTACH: (i) Certified Copy of ID (ii) Bank Statement (iii) Copy of withdrawal letter