Temporary

NATIONAL PENSION COMMISSION DEATH NOTIFICATION FORM (APPENDIX I)

From M	DA	• • • • • • • • • • • • • • • • • • • •	To: .PenCom
Name of	Employee:	/	/
			Middle Name
Date of 1	Birth: (DD/MM/YYYY)	Gender:(M	Iale/Female)
			•••••
			vt Area
			ath
Date of C		Cause of ue	au
Date of a	appointment(DD/MN	M/YYYY) File Nu	ımber
		· ·	Step
_			
••••••			
Has emr	plovee opened RSA?	Yes/No	
ivanic or	IIA.		,
Has door	th haan ranartad under tl	ha farmar incurad	l scheme:Yes/No
	_		
Details o	of former Insurer	•••••	•••••
Domork	f yes, Name of the Scheme:		
Kemai K	.5•		
We hereb	y give you formal notice that N	Mr./Mrs	
	dial on the	Day of	200 and make adds
			f PFA) through the Custodian.
Davings 11	ecount (umber	·· · · · · · · · · · · · · · · · · · ·	1111) through the Custodian.
We enclos	se the following documents: (O	Original to be sighted)	
i)	Medical Certificate of Deat		
ii)	Certificate of Registration	of Death	
iii)	Police Report(if death is by		
iv)	Burial Warrant issued by Local Govt Council		
v)		ath/Cause of Death of Death oy accident) Local Govt Council issued by Imam or Pastor if any)	
vi)	Copy of obituary poster (if		
vii)	Declaration of wish/evidence		
Dated this	s day of		
		MDA (OCC	
			below Director grade)
		ated by:	
	Cont	act telephone:	•••••