



THE ESTATES STAFFS' PROVIDENT SOCIETY

APPLICATION FOR WITHDRAWAL OF PROVIDENT FUND OF DECEASED MEMBER (TO BE COMPLETED BY THE CLAIMANT)

1. Name in full of the deceased member :
2. Residence of the time of death :
3. Occupation of member at the time of death :
4. Did the member leave a Will ?
5. Date and place of death :
6. State all facts regarding causes and circumstances of death :
7. Was the member married ?
- How many times ?.....
- Dates and particulars of each marriage :
8. What is your age ?
9. Are you married ?
10. In what capacity or by what title do you make this claim ?

Notice is hereby given to the Estates Staffs' Provident Society that :

.....
(full name of member)

who was a member of the above Society is dead and I.....
(Name in full)

Hereby solemnly declare that the said.....
(deceased's name)

is the person described above, and that the preceding statements and answers are true and correct and that

I do hereby make claim for the amount due from the
above Society at the date of death of the above member.

Bank account details - Name of Bank & BranchAccount Type/No.....

Contact Telephone Nos.....

Signed at.....this.....day of.....20.....

Signature :

Signature of Claimant or
Thumb Mark should be
Certified by a Justice of the Peace

Witnesses

1. Signature
Name & address
Designation
2. Signature
Name & Address
Designation



DRAFT AFFIDAVIT

Ipresently of
(full name)

do hereby sincerely and truly affirm and declare as follows :

- (1) I am the affirmant above named
- (2) I am the wife/husband/son/daughter/father/mother/brother/sister of the late
.....
member of the Estates Staffs' Provident Society under membership No
- (3) I confirm that no Estate Duty is payable to the Department of Inland Revenue.

.....
SIGNATURE OF THE CLAIMANT

.....
DATE

Witnesses :

1. Signature

Name

Designation

Address

2. Signature

Name

Designation

Address

The contents of the foregoing affidavit having been read over and explained to the affirmant and the two witnesses who appeared to have understood the contents thereof and subscribed their signatures in my presence, all present at the same time and in the presence of one another at on this day of

.....Two thousand

SGD/

Justice of the Peace for the

District of



THE ESTATES STAFFS' PROVIDENT SOCIETY

CERTIFICATE OF IDENTITY – (TO BE COMPLETED BY A THIRD PARTY)

Iof.....

do hereby certify that I personally knew the late Mr./Mrs./Ms.....
(deceased's name)

.....of.....
(deceased's address)

.....for.....

years and that he/she is the person named in the Claimant's Statement annexed hereunto and that I saw the body after death and certify that it was the body of the said.....
(deceased's name)

.....who was a member of the Estates Staffs' Provident Society and who is therein described as
(deceased's name)

Deceased's Address

Occupation :

Signed at this

Day of 20

.....
SIGNATURE OF DECLARANT

Address of Declarant

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

Rank, Profession or Occupation of Declarant

.....

Witness

Name

Occupation

Address



THE ESTATES STAFFS' PROVIDENT SOCIETY

TO BE COMPLETED BY THE LAST EMPLOYER OF THE DECEASED MEMBER

1. Date of cessation of employment of the deceased member

 2. Final contributions on behalf of the deceased member up to the date of cessation of employment which you have remitted/will be remitting direct to the Bank

 3. Employer/Employee final contribution details up to the date of cessation, in respect of the final payment
-
-

I hereby certify that the information given above of the late Mr/Mrs/Miss

..... who was employed on

.....Estate/Organisation who had contributed to the Estates Staffs' Provident Society under membership number.....is true and correct.

Name of the Estate/Organization

Superintendent/Manager
(Official Rubber Stamp)

Date.....