



# 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 & Branch .....Account 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**

I .....presently 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

## 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.....