

# KWAZULU NATAL CLOTHING INDUSTRY PROVIDENT FUND

TEL: (031) 3620700  
FAX: (031) 3013955

127 MAGWAZA MAPHALALA STREET (GALE STREET), UMBILO, 4001  
P.O.BOX 18354  
DALBRIDGE, 4014

**FSCA registration number: 12/8/37816/1**

## Instructions to complete this form

1. This form must be completed and signed by members who wish to make a savings withdrawal in terms of the rules of the fund to which they belong.
2. It constitutes the member's instruction to the fund and its administrator.
3. Members must make sure that they fully understand the implications of the selecting a savings withdrawal. Members are encouraged to engage with a registered Financial Services Provider to ensure that they fully understand the implications before making a savings withdrawal.
4. Should you require assistance kindly e-mail [clothingpf.kzn@nbc.org.za](mailto:clothingpf.kzn@nbc.org.za).
5. The member must ensure that all information requested is completed in full, and that all relevant supporting documentation referred to herein is attached to the form. Failure to do so will cause delays in processing the member's instructions.
6. Only one savings withdrawal is allowed in a tax year. A tax year runs from 1 March to the end of February each year.
7. A minimum amount of R 2,000.00 may be taken as a savings withdrawal.

### Payment of the savings withdrawal:

- The benefit will be paid to the member per the bank account details provided.
- Income tax will be paid from the savings withdrawal. The income tax will be determined by SARS and will be based on the member's marginal tax rate.

## 1. FUND AND EMPLOYER DETAILS

Fund Name

Employer Name

## 2. MEMBER PERSONAL DETAILS

Council Number

System no

Surname

First Names

Income Tax Number

Identity / Passport Number

Date of Birth

DD/MM/YYYY

Residential Address

Code

Postal Address

Code

Cellphone Number / Alternative  
Contact Number

Email Address

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### 3. INDEBTEDNESS

Deductions from benefits are only permissible in the following circumstances:

- Where the member's indebted in respect of a housing loan in terms of Section 19(5) of the Pension Funds Act
- Damage caused to the Employer as a result of the member's misconduct, dishonesty, theft or fraud, where a court order or admission of guilt has been obtained
- Valid court order e.g., divorce or maintenance

Do any of the following apply, affecting the payment of benefits?	Yes		No	
• Housing loan in terms of Section 19(5)	Amount	R		
• Indebtedness to the Employer as a result of damage caused by the member	Amount	R		
• Maintenance Order	Amount	R		
• Divorce Order	Amount	R		

Please attach proof of indebtedness indicated above, in respect of court orders kindly attach a certified copy of the court order.

### 4. MEMBER BANK ACCOUNT INFORMATION

Account Holder's Name			
Account Number			
Bank / Branch Code			
Type of Account			
Documentation required:			
• Certified Copy of Identity document	<input type="checkbox"/>		
• Bank stamped confirmation of banking details, not older than 3 months.	<input type="checkbox"/>		
• Copy of Income Tax document ( SARS)	<input type="checkbox"/>	Savings Withdrawal amount elected	R <input style="width: 100px;" type="text"/>

### 5. DECLARATION BY MEMBER

By signing this, I confirm that:

1. I understand and have familiarised myself with the implications of making a savings withdrawal.
2. I understand the admin fee in respect of processing the savings withdrawal will be deducted from the savings withdrawal amount.
3. All information on this form is correct and complete. Any incorrect or incomplete information may delay processing of my instruction.
4. I hereby agree that I will be responsible for any loss that I may suffer as a result of the fund and its administrator acting on incorrect information I may have provided herein.
5. Administrator cannot be held liable for incorrect information provided to the Council.

<b>Name &amp; Surname</b>		<b>Identity Number</b>	
<b>Member's Signature</b>		<b>Date</b>	DD/MM/YYYY

In the event of any queries please feel free to contact **T 031 362 0700** | **E clothingpf.kzn@nbc.org.za** |

127/129 Magwaza Maphalala, Umbilo, Durban, P.O.BOX 18354 DALBRIDGE 4014