National Treasury
Pensions Administration
APPLICATION FOR PURCHASE OF SERVICE
SEE INSTRUCTIONS OVERLEAF

Z215

G.P. -S 81/99668

Bar Code

TYPE OF TRANSACTION:

- A. Leave without Pay
- B. Non-Contributory uninterrupted Service
- C. Previous pensionable Service
- D. Other Periods

A) PERSONAL PARTICULARS

1. Pension No. **2.** Salary No. **3.** Title

4. Surname

5. First name

6. Middle names

7. ID No. **8.** Date of birth C C Y Y M M D D **9.** Gender Male Female

10. Passport No. **11.** Income tax No.

12. Employer name

13. Employer code **14.** Date of present appointment C C Y Y M M D D

B) PERSON'S CONTACT DETAILS

1. Preferred contact Postal Fax Email

2. Postal address C O D E

3. Residential address C O D E

4. Tel No. C O D E **5.** Cell No.

6. Email address **7.** Fax No. C O D E

C) PERIOD OF PENSIONABLE SERVICE TO BE PURCHASED

1. LEAVE WITHOUT PAY (N.B. - A claim iro the cost will be sent to the employer and must be paid in one amount)

From C C Y Y M M D D — Annual Pensionable Salary on date of resuming service R R R R R R C C

To C C Y Y M M D D — Annual Pensionable Salary as on date of application R R R R R R C C

2. NON-CONTRIBUTORY UNINTERRUPTED SERVICE (AIPF & TEPF Members only) **Annual Salary on date of appointment**

From C C Y Y M M D D To C C Y Y M M D D R R R R R R R C C

3. PREVIOUS PERIODS OF PENSIONABLE SERVICE

Employer name

Pension No. From C C Y Y M M D D To C C Y Y M M D D

Benefit received from fund R R R R R R C C Date of receipt of benefit C C Y Y M M D D

4. OTHER PERIODS TO BE RECKONED AS PENSIONABLE SERVICE **Annual Salary on date of application**

From C C Y Y M M D D To C C Y Y M M D D R R R R R R R C C

From C C Y Y M M D D To C C Y Y M M D D R R R R R R R C C

D) CERTIFICATION PARTICULARS

I certify that the particulars on this form have been verified against the relevant documents and records are true and correct.

Applicant Signature

Employer Signature

OFFICIAL DATE STAMP

Date signed C C Y Y M M D D Date signed C C Y Y M M D D

Designation

Surname Initials

Email address

Tel No. C O D E

Fax No. C O D E

5201