

A) PERSONAL PARTICULARS OF MEMBER (Compulsory)

1. Member No.	<input type="text"/>	3. Persal No.	<input type="text"/>
2. Pensioner No.	<input type="text"/>		
4. Title	5. Surname		
6. First name	<input type="text"/>		
7. Middle name	<input type="text"/>		
8. Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	9. ID No.
10. Date of Birth	<input type="text"/>	or Passport No.	

B) EMPLOYMENT PARTICULARS

1. Name of Employer	<input type="text"/>
2. Employer Code	<input type="text"/>

C) DEBT PARTICULARS (Please refer to the explanatory notes on the reverse side before completing this section)

1) Debt Amount?	2) Section of GEP Law?	3) Nature of Debt
Debt #1	<input type="text"/>	<input type="text"/>
Debt #2	<input type="text"/>	
Debt #3	<input type="text"/>	
Debt #4	<input type="text"/>	
4) Total	<input type="text"/>	

4) How, When and Where did the debt arise? (Please attach full explanation if space below is insufficient)

Debt #1	<input type="text"/>
Debt #2	<input type="text"/>
Debt #3	<input type="text"/>
Debt #4	<input type="text"/>

D) DEBT LIABILITY (Please read explanatory notes before completing this section)

1) Did the employee acknowledge liability of the debt amount 2) If **applicable**, was the debt proved in court

Debt #1	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Debt #2	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Debt #3	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Debt #4	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Debt #1	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Debt #2	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Debt #3	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Debt #4	Yes <input type="checkbox"/>	No <input type="checkbox"/>



E) CERTIFICATION BY MEMBER (To be signed by member)

I hereby acknowledge liability as indicated in section C and D above,
and authorise the GEPF to deduct such amounts from my pension benefits.

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Signature of Member

Surname

 Initials

Date

F) CERTIFICATION BY EMPLOYER (To be completed by employer representatives)

For official us by the Employer only

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

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Signature

Date

C	C	Y	Y	M	M	D	D
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Designation																																								
Employer Contact																																								
Surname:																										Initials														
Tel No.	C	O	D	E	Fax No.															C	O	D	E																	
E-mail address																																								

G) Explanatory Notes

Section A

This section must be completed using the exited member's personal information.

Section B

The exiting member's employment details must be completed in this section.

Section C

Debt Amount: The debt amount is the exact amount as at the date of exit from employment of the member.

Section of GEP Law: The section of Law that is applicable to this debt i.e. Section 21(3)(a) or 21(3)(c) must be listed here.

Nature of Debt: What type of debt was incurred by the member i.e. study debt, loss suffered through fraud etc.

How, When and Where did the debt arise? A detailed explanation is required with reference to all relevant documents, dates and places.

Failure to supply sufficient information may lead to the deduction of departmental debt being declined.

Section D

Point 2 should only be completed if Point 1 is "Yes". If applicable, and the debt was proved in a court of law then a certified copy of the court order must be attached.