



Samoa National Provident Fund

PLEASE ADDRESS ALL CORRESPONDENCES TO "THE CHIEF EXECUTIVE OFFICER"
P.O. BOX 2010, APIA, SAMOA, TELEPHONE: 64800 (APIA & VAITELE) SAVAII: 51321, FACSIMILE
NO.: (685)20888. Email: info@npf.ws / Website: www.npf.ws

CONSENT FOR RELEASE OF CONTRIBUTIONS: COVID-19

I hereby give full consent to the Fund to process a 20% partial withdrawal of my nett contributions as part of its COVID-19 pandemic assistance for the members. I understand that any and all monies owing to the fund will be deducted from my contributions.

Note: Please fill out the details below and sign the form.

1. Particulars of the Member:

Name: _____
NPF # _____
Address: _____
Contact: _____

2. Please attach the following requirements:

- Confirmation letter from employer to confirm unemployment due to COVID-19 situation
- Valid photo ID (passport / drivers license / OEC ID)
- Birth certificate
- Bank statement of account for disbursement of funds (if different from current account registered with the Fund)
- Signed consent form

(Note: Claims will be assessed only for members in the Hospitality Sector who have become unemployed since February 2020 to date, due to COVID-19 situation)

DECLARATION

The information shown above and all documents provided are a true status of my NPF records with the Fund.

Member's signature: x _____

Received by: _____

Note: Consent form was:

1.	Sent via email	<input type="checkbox"/>
2.	Dropped off at the office	<input type="checkbox"/>