



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 SPECIAL MEMBER LOANS REFUND: COVID-19

I hereby give full consent to the Fund to process my member loans' refund as part of its COVID-19 pandemic assistance for the members.

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

1. Particulars of the Member:

Name: _____

NPF # _____

Address: _____

Contact: _____

2. Refund amount:

Small loan repayments of March 2020 \$ _____

Short term loan repayments of March 2020 \$ _____

And disburse the same to my **nominated bank account with the Fund.**

(Note: Refunds processed are based on loan repayments for March 2020 only)

DECLARATION

The information shown above is a true status of my NPF contribution account recorded by the Fund.

Member's signature: x _____

Received by: _____

Checked by: _____

Note: Consent form was: 1. Sent via email

2. Dropped off at the office