

**PD 3**

The Pensions Master  
P.O. Box CY 397  
Causeway  
**HARARE**  
**Telephone: 703822-5/702821**  
**Fax: 703167**



**P**

**APPLICATION FOR REFUND OF PENSION CONTRIBUTIONS**

I apply for my Pension Refund and request you to deposit it into my account.

SURNAME (Block letters).....

FIRST NAME(S) .....

DATE OF BIRTH .....

NATIONAL IDENTIFICATION NUMBER.....

EC No./FORCE No. ....

MINISTRY/DEPARTMENT .....

DATE OF TERMINATION OF SERVICE.....

FORWARDING ADDRESS .....

.....

CONTACT CELL NUMBER.....

EMAIL ADDRESS .....

**BANK/BUILDING SOCIETY DETAILS**

BANK..... BRANCH ..... TOWN.....

.....

ACCOUNT NUMBER.....

SIGNATURE:..... DATE .....

**TO BE COMPLETED BY HEAD OF MINISTRY/DEPARTMENT/PROVINCE/DISTRICT  
HUMAN RESOURCES DEPARTMENT**

I..... confirm that the information  
(Full names)

submitted above is correct.

Designation .....

Signature .....



**For Head of Ministry/Department/Province/District**

**CHECKLIST OF DOCUMENTS TO BE SUBMITTED**

Certified copy of National Identity Card or Passport or Driver's Licence

Certified copy of Bank Details (Showing your Name & Account Number and Bank Stamp)

***NB: Form should be completed without deletions or alterations.***