CONSTRUCTION INDUSTRY PENSION FUND

DECLARATION

(To be completed by every member of the fund)

PLEASE PRINT

1. PERSONAL DETAILS:

Surname of family name:……

Christian or first names:……

Date and place of birth:……

Sex……Marital Status……Occupation……

Category : Skilled Worker Class/Worker Grade/Apprentice

……

N.E.C Number……

National Registration No:……

Please submit two driving licence photographs. (Size 30mm x 25mm)

Physical Address:……

……

Village Address:……..

……..

Postal Address:……

Tel……Email:……

2. LIMITATION OF BENEFITS (RULE14)

State (a) Whether or not you will become entitled to any benefit from any other fund, not being a retirement annuity fund YES/NO; and if so;
(b) the name of the fund, if possible, the amount of the benefit……

……

3. Nominations of beneficiary (*See rule 9 overleaf*)

……..

4. DEPENDENTS (*Please update as necessary*)

Full Names	*Date Of Birth*	*Sex*	*Relationship*

I agree to be bound by and observe the provision of Statutory Instrument 239 of 1992

……**Signature**

I declare the foregoing information to be true and accurate to the best of my knowledge and belief.

Date……**Signature:**……

Specimen Signature and fingerprint (sign in box)

BANKING DETAILS

Bankers: ……

Branch:……..

Account Number:……

Mobile Money Wallet Number:……

Source of Income: Employment ☐ Other ☐ Specify:……

I declare the foregoing information to be true and accurate to the best of my knowledge and belief.

Date:…… Signature:……

Specimen Signature and Fingerprint (in Box)

Rule "9 (1) On the death of a member or pensioner the benefits payable from the Fund shall be paid to the following persons in the following order:

(a) to his surviving spouse; or
(b) if he leaves no surviving spouse to his dependent children: or
(c) if he leaves no surviving spouse or his dependent children, to any defendant: or
(d) if he leaves no surviving spouse, dependent children or other dependent, to his nominee: or
(e) if he leaves no surviving spouse, dependent children, dependent or nominee, to his estate.

Provided that where a member dies and leaves more than one registered surviving spouse any benefits due shall be apportioned between all the registered surviving spouses in equal shares.

NATIONAL EMPLOYMENT COUNCIL FOR THE CONSTRUCTION

INDUSTRY OF ZIMBABWE ANNEXURE 7 (EMPLOYEE)

APPLICATION FOR ENROLMENT AND CLASSIFICATION OR GRADE (CLAUSE 9)

Full name of employee: .....

Address: .....

National Registration Number:.....

Name of Employer:.....

Company's No.....Date joined present Employer.....

Capacity or Trade in which employed:

Worker Grade proposed by present employer/proposed trade of occupation to be approved by Council:

PREVIOUS EMPLOYMENT RECORD

1. Name of employer:
   .....

   Capacity in which employed: .....

2. Name of employer: .....

   Capacity in which employed: .....

Signed..... .....

EMPLOYER EMPLOYEE

Date ..... Company Stamp

Note: Employee must enclose a PENSION FORM DECLARACTION duly and fully completed together with two (2) driver's license size photographs and a copy of the national identity card or valid passport.

FOR COMPLETION BY NECCIZ ONLY

NEC Number Grade:

Awarded worker grade:

Trade or occupation approved:

Date of enrolment: