



PROVIDENT INSTITUTIONS DIVISION

PENSION FUNDS DEPARTMENT

APPLICATION FORM FOR THE DEREGISTRATION OF A RETIREMENT FUND

SECTION A – APPLICATION FOR DE-REGISTRATION OF A RETIREMENT FUND

**APPLICATION FOR DE-REGISTRATION IN TERMS OF SECTION 28 OF THE PENSION FUNDS ACT,
(ACT 24 OF 1956)**

[To be completed and signed by a duly authorized member of the board of the fund]

Name of Fund	
Fund Registration Number	
Full Names of Liquidator (where applicable)	
Identity number of Liquidator (where applicable)	
Name of Administrator	
Effective date of de-registration	
Reason for de-registration	
<p>The board of the Fund has resolved that the Fund should be deregistered as the Fund no longer has any members, assets and liabilities. A copy of the board resolution stating this is attached hereto.</p>	
<p>A certificate from the liquidator stating that the Fund no longer has members, assets and liabilities is enclosed in terms of a voluntary dissolution or for deregistration in terms of a section 14 transfer.</p>	

There are no outstanding amounts (NAMFISA levies, penalties, any other fees) due to NAMFISA as at the date of this application.

I, duly authorized member of the board of the Fund, declare that the information above is, to the best of my knowledge and belief, correct and complete.

SIGNATURE

DATE

FULL NAME IN PRINT

DESIGNATION

SECTION B – NOTIFICATION TO DE-REGISTER

NOTIFICATION TO DE-REGISTER
(THE FUND)

(REG NO 25/7/7/.....)

[To be signed by a duly authorized members of the board of the Fund]

1. The board of the Fund has resolved that the Fund should be de-registered as the Fund no longer has members, assets and liabilities subsequent to the transfer/liquidation/dissolution process. A copy of the board resolution stating this is attached hereto.
2. A certificate from the valuator stating that the Fund has no members, assets and liabilities is also enclosed.
3. An amount of N\$..... in respect of members has been transferred/paid out to (name of transferee fund) .
..... as per NAMFISA's authorization on the.....(date).
4. A letter from the bank confirming the closure of the bank account and closing investment statements are enclosed

5. There are no outstanding amounts (NAMFISA levies, penalties, any other fees) due to NAMFISA as at the date of this application.

We, the undersigned trustees of the (name of Pension Fund)
 _____,
 declare that the information above is, to the best of our knowledge and belief, correct and complete.

 Full Name

 Signature

 Date

 Full Name

 Signature

 Date

SECTION C – Appointment of a Liquidator

To be completed in case of a dissolution or termination where a liquidator have been appointed

APPLICATION BY THE BOARD OF A FUND FOR THE APPROVAL OF THE APPOINTMENT OF A LIQUIDATOR

Name of Fund:	
Fund Registration Number:	
Name of participating employer (where applicable):	
Reference number of participating employer (where applicable):	
Rule Reference number:	
Full Name of Liquidator:	
Identity number of Liquidator:	

		Yes/No	Comments
1.	Are the rules and all rule amendments, in respect of the fund or relevant participating employer submitted?		
2.	Are all transfers in respect of the fund or relevant participating employer until the date of appointment of the Liquidator approved?		
3.	Are all valuation reports submitted?		
4.	Are all financial statements submitted?		
5.	Are there any arrear contributions or penalty interest outstanding?		
6.	Are there any unclaimed benefits in the fund?		
7.	Are there any outstanding tax liabilities?		
8.	What is the average benefit per member of the fund or participating employer as at date of the application?		
9.	What is the number of members participating in the fund or participating employer as at date of the application?		

10.	What is the total value of the assets of the fund or participating employer as at date of the application?		
<p>Kindly provide any additional information, of which you are aware and which may be of assistance to NAMFISA:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>We, the board of the Fund hereby confirm that we have considered the fit and proper requirements in connection with the Liquidator and confirm that we are satisfied with such appointment.</p>			
SIGNATURE OF CHAIRPERSON			SIGNATURE OF BOARD MEMBER
FULL NAMES IN BLOCK LETTERS			FULL NAMES IN BLOCK LETTERS
DATE			DATE

Note: The duly signed board resolution by a properly constituted board of trustees must be attached hereto.

SECTION D – CERTIFICATION FOR DE-REGISTRATION
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1. To be completed in case of deregistration due to liquidation in whole or partial

CERTIFICATE OF THE LIQUIDATOR IN RESPECT OF THE APPLICATION TO CANCEL THE REGISTRATION OF THE FUND	
<i>[To be completed and signed by the approved liquidator or such duly authorized person as per section 28 (2) of the Pension Funds Act,(Act 24 of 1956)]</i>	
Name of Fund	
Participating employer (if applicable)	
Name of Administrator	
Fund Registration number	
Full names of Liquidator	
Identity number of Liquidator	
Completion date of liquidation	
Total assets at commencement of liquidation date	
Total Liabilities at commencement of liquidation date	
Total assets on date of liquidation	
Total Liabilities on date of liquidation	
Reason for de-registration	
We, the undersigned hereby declare that all benefits have been paid in terms of the rules of the fund and that there are no assets, members and liabilities remaining in the fund and the fund ceased to exist on/...../20.....(date)	
We declare that, to the best of our knowledge, the information herein supplied is complete, true and correct and not misleading in any respect.	
We undertake to supply any further information requested by the office of the Registrar, or NAMFISA, as and when required for purposes of carrying out the provisions of the Pension Funds Act, 1956 (Act 24 of 1956), the Regulations published there under and any other directive(s) issued by the Registrar, and/or NAMFISA.	

Full Name

Signature

Date

Full Name

Signature

Date

2. To be completed in case of de-registration due to an amalgamation (section 14 transfer)

**CERTIFICATE OF THE VALUATOR IN RESPECT OF THE APPLICATION TO CANCEL THE
REGISTRATION OF THE FUND**

[To be completed and signed by the approved Valuator of the de-registering Fund due to a transfer in terms of section 14 of the Pension Funds Act,(Act 24 of 1956)]

Name of Fund

Name of Administrator

Fund Registration number

Full names of Valuator

Identity number of Valuator	
Effective date of transfer	
Actual date of transfer	
Total assets at effective date of transfer	
Total Liabilities at effective date of transfer	
Total assets on date actual transfer	

Total Liabilities on date of actual transfer	
Reason for de-registration	
<p>We, the undersigned hereby declare that all benefits have been paid in terms of the rules of the fund and that there are no assets, members and liabilities remaining in the fund and the fund ceased to exist on/...../20.....(date)</p>	
<p>We declare that, to the best of my knowledge, the information herein supplied is complete, true and correct and not misleading in any respect.</p> <p>We undertake to supply any further information requested by the office of the Registrar, or NAMFISA, as and when required for purposes of carrying out the provisions of the Pension Funds Act, 1956 (Act 24 of 1956), the Regulations published there under and any other directive(s) issued by the Registrar, and/or NAMFISA.</p>	

Full Name

Signature

Date

Full Name

Signature

Date

SECTION E – LIST OF RECIPIENTS (IN THE CASE OF TRANSFERS MADE TO INDIVIDUALS)

(Kindly attach the list of members who received benefits)