



UNIVERSITIES PENSION FUND

APPLICATION FOR REFUND OF CONTRIBUTION

GENERAL INSTRUCTIONS

- 1 *The Part I of this application to be filled and handed over to the Establishments Branch by the retired/resigned member of the Universities Pension fund, who (i) has not completed 20 years or more permanent service in the university system, or (ii) not served till the age of retirement. The age of retirement for academic staff is 65, and for other staff 55 or 60 or in between after extension*
- 2 *The photocopies of the National Identity Card, and other documents should be certified by the Dean of the Faculty or Head of the department or Registrar/Deputy Registrar/Senior Assistant Registrar of the Establishments Branch of the University, and the official seal to be affixed.*
- 3 *If the Surname and the other names given in the NIC, University document and other relevant certificates are not according to the Surname and other names written in the application please attach an affidavit that all such names referred to one and the same person.*
- 4 ***Part II, Part III, Part IV** of this application should be completed by the relevant Branch of the last served university/institution of the retired member. And after completing **Part V**, the application should be forwarded to the Pensions Unit of the University Grants Commission.*

UNIVERSITIES PENSION FUND

APPLICATION FOR REFUND OF CONTRIBUTION

Part I

01. Full Name of the Employee :

02. Name of the Institution last employed :

03. Contact address :

▪ Telephone Number. :

04. National Identity Card No. :

--	--	--	--	--	--	--	--	--	--	--	--

(Certified photocopy of the NIC is attached)

05. Gender : Male Female

06. Date of Birth :

--	--	--	--

--	--

--	--

(Certified photocopy of the Birth Certificate is attached)

07. (a) Date of Retirement / Resignation :

--	--	--	--

--	--

--	--

(b) Age on date of Retirement / Resignation :

--	--

--	--

--	--

08. Details of Bank Account, to which monthly pensions to be remitted :

(Certified photocopy of the Detail page of Pass Book is attached)

▪ Name of the Bank :

▪ Bank Branch :

▪ Account No :

▪ Address of the Bank :

I certify that the above information is true and correct, and relevant certified copies of certificates are annexed.

Date :

Signature of the employee

Witness:

1. *Name* :

Signature :

National Identity Card No :

Address :
.....

2. *Name* :

Signature :

National Identity Card No :

Address :
.....