



CATERING INDUSTRY PENSION FUND

PENSION CLAIM FORM

Address: 87 Selous Avenue, Harare

Tel: +263 8677 234 567

Email: info@cipf.co.zw

Website: www.cipf.co.zw

EMPLOYER NAME

MEMBER #

MEMBER DETAILS

SURNAME FIRSTNAME(S)

I.D # DATE OF BIRTH

MARITAL STATUS GENDER: MALE ☐ FEMALE ☐

ADDRESS

PHONE # EMAIL

TERMINATION DATE FINAL MONTH OF CONTRIBUTION

MONTHLY SALARY AT TERMINATION DATE

REASON FOR TERMINATION (tick appropriate box)

Resignation / Dismissal ☐ Retirement ☐ Retrenchment ☐ Ill-health ☐ Death ☐

BENEFIT TO BE: CASHED ☐ TRANSFERRED ☐ PRESERVED ☐

IF RETIREMENT: Commute 1/3 of the pension and receive balance as monthly pension ☐

BANK DETAILS

BANK NAME A/C # BRANCH

SIGNATURE OF EMPLOYEE DATE

NAME OF COMPANY OFFICIAL

DESIGNATION

DATE

SIGNATURE

OFFICIAL STAMP

DOCUMENTATION REQUIRED

- Member's proof of age (National ID or Driver's Licence or valid Passport)
- Last payslip

DEATH

- Member's proof of age (National ID or Driver's Licence or valid Passport)
- Marriage Certificate or Affidavit (One from claimant's relatives and one from deceased spouse's relatives)
- Certified copy of Death Certificate
- Long version birth certificates for children