NJMPF
KwaZulu-Natal Joint Municipal
Pension/Provident Funds

APPLICATION FROM AN EMPLOYER IN RESPECT OF AN EMPLOYEE MEMBER TO BE RETIRED ON ACCOUNT OF PERMANENT ILL-HEALTH, PHYSICAL DISABILITY OR SEVERE BODILY INJURY

PORTION A:
Particulars of Employee (to be completed by employer)

1. Initials and Surname _____

2. ID Number _____

3. Pension Number _____

4. Designation _____

5. Employing Local Authority _____

6. According to a report received from _____ he/she is no longer capable of performing his/her present duties.

PORTION B:
Nature and Permanency of disability (to be completed by employer)

1. Nature

1.1 The following illness, injury or mental deviation renders him/her incapable of discharging his/her current duties:

_____

_____

1.2 He/She experience the following symptoms and it restricts his/her ability to work as follows:

_____

_____

1.3 He/She have approached the following medical practitioners and/or other professional personal in this regard:

_____

_____

1.4 He/She is now spending his/her days as follows:

_____

_____

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2.   Permanency of disability

2.1   Can he/she, in your opinion, resume his/her duties within the next 6 months? Please motivate.

_____

_____

_____

PORTION C:
Retirement

1.   In view of the circumstances of this member's case as stated in portion B above, I hereby apply for the said member to be retired on account of permanent ill-health, physical disability or severe bodily injury subject to the conditions of the relevant pension regulations.

2.   The member has no objection to/ objects to any further medical reports and evidence regarding his/her state of health as may be required by the Committee of Management, being obtained, including a further medical examination by impartial medical practitioners when this case is dealt with by the Committee. (Delete portion not applicable)

PORTION D:
General

Please supply any other information which in your opinion may influence the application:

_____

_____

_____

_____

_____

Signed at_____ on the_____ day of_____19_____

_____   _____
SIGNATURE OF EMPLOYEE   SIGNATURE OF WITNESS