



The Hospitality and General
Provident Fund

3 Anderson Street
Ferreirasdorp
Johannesburg, 2001
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TWO-POT EMERGENCY CLAIM ADVICE

Employer's Details

Employer's Name _____ Employer's Fund ID _____

Member's Personal Details

Member's Surname _____ Provident Fund Number _____

Member's First Name(s) _____

Member's ID Number _____ Member's Birth Date ____ / ____ / ____

E-mail Address _____

Cell No _____ Member's Tax Number _____

Physical Address _____ Code _____

Postal Address _____ Code _____

Member's Payment Instructions

NOTE: For electronic Bank payments please provide accurate banking details for an EFT payment. Please provide us with an original stamped Bank Statement or original stamped Bank Account Confirmation Letter with a certified copy of your ID (Both sides if it is the Smart ID Card).

Provide us with the Amount of Withdrawal from your Savings Pot: R

NOTE: You are only allowed to withdraw a Maximum of R 30,000.00 (Thirty Thousand Rand) and a Minimum of R 2,000.00 (Two Thousand Rand) of the value in your savings Pot, once in a tax year. This will be paid net of SARS taxation at your marginal tax rate, and administration fee .

Member's Signature/Thumb Print

Date:/...../20.....

Signed AT:

Member's Banking Details:

NOTE: For electronic Bank payments please provide accurate banking details for an EFT payment. Please provide us with an original stamped Bank Statement or original stamped Bank Account Confirmation Letter with a certified copy of your ID (Both sides if it is the Smart ID Card).

Deposit money directly into my account

Banking details

Name of Bank _____

Name of Account Holder _____

Account Number _____

Branch Name _____

Branch Code _____

Type of Account: Current/Savings _____

Legislation and Disclosures

1. I am aware that I can only access/withdraw 10 % of my Fund Credit (as at 31 August 2024), to the maximum of R30 000.00 from my Savings Pot Value.
2. I am aware that I can only access/withdraw a minimum amount of R2 000.00 from my Savings Pot Value.
3. Only one (1) such withdrawal can be done once in a single tax year.
4. I am aware that such withdrawal/s shall have a direct effect of reducing my gross accumulative Fund Credit over the term of my membership in the Fund.
5. I am aware that my fund indebtedness through housing loans taken against my Fund Credit will also be considered in light of the required minimum unencumbered Fund Credit value of 50%.
6. The amount you applied for will be reduced by the taxation at your marginal tax rate and any other outstanding taxes with SARS.
7. In addition, other allowable deductions like enforcement of maintenance and divorce orders/decrees, loans taken against my Fund Credit, employer indebtedness and others as per Sect 37D of the Pension Funds Act will partly reduce my Savings Claim as they will be deducted proportionately across all my pots/components (including Savings Pot).

Member's Signature and Discharge

I agree that payment by HGPF in accordance with my instructions will represent a full and final discharge of the Fund's liability to me. In the event that I have provided the incorrect bank details for an electronic payment, I accept full responsibility for the payment into the incorrect bank account and I am liable to recover the payment from the bank.

Member's Signature/Thumb Print

Date:/...../20.....

Signed AT:

You can also submit your claim form on WhatsApp Number: 0674150012