

L. N. 142 of 1961

NATIONAL PROVIDENT FUND (GENERAL) REGULATIONS, 1961

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National Provident Fund (General) Regulations, 1961

Commencement : 1st October, 1961

In exercise of the powers conferred by section 45 of the National Provident Fund Act, 1961, the Governor-General acting in accordance with the advice of the Council of Ministers has made the following regulations—

PRELIMINARY

1. (1) These regulations may be cited as the National Provident Fund (General) Regulations, 1961 and shall come into force on such date as the Minister may by order in the Gazette appoint not being earlier than the appointed day or first appointed day for the Act as the case may be,

Citation, etc.

(2) These regulations shall be of Federal application.

2. (1) In these regulations—

Interpretation.

“registered medical practitioner” means any person registered as a medical practitioner in Nigeria or registered as such outside Nigeria who would be entitled to registration in Nigeria under the Medical Practitioners and Dentists Ordinance: “The Act” means the National Provident Fund Act 1961.

(2) References to any prescribed form by number shall be construed as references to the appropriate form prescribed in the schedule to these regulations.

PART I—COVERAGE

3. An application by an employer in accordance with subsection (2) of section 10 of the Act, for the workers in his service to cease to be subject to the Act shall be in prescribed form N.P.F. 1 and the grant of such an application shall be in prescribed form N.P.F. 2.

Borderline establishments.

4. (1) An application by an employer, who has in his service less workers than the number for the time being prescribed, for himself and his workers to become subject to the Act shall be in prescribed form N.P.F. 3 and the grant of such an application shall be in prescribed form N.P.F. 4.

Voluntary coverage ; applications, etc.

(2) An application by an employer for his workers to cease to be voluntarily subject to the Act shall be in prescribed form N.P.F. 5 and the grant of such an application shall be in prescribed form N.P.F. 6.

(3) An application from a person to be allowed to become a voluntary contributor shall be in prescribed form N.P.F. 7 and the grant of such an application shall be in prescribed form N.P.F. 8.

(4) An application by a missionary society for a missionary to become subject to the Act shall be in prescribed form N.P.F. 9 and the grant of such an application shall be in prescribed form N.P.F. 10.

5. (1) In their application to a voluntary contributor under subsection (3) of section 11 of the Act the provisions of the Act shall have effect subject to the following amendments and modifications :—(a) Sections 13, 14, 15, 16, 18 and the provisions of paragraph (d) of subsection (1) of section 35 shall not apply ; and (b) subsection (2) of section 24 shall apply as if the total contributions paid over the whole period of his membership of the Fund had been contributed equally by him as a worker and by his employers whether the contributions paid by him as a voluntary contributor have been at a rate equal to or less than the last joint worker and employer contribution computed for a completed month immediately before the date when he became a voluntary contributor.

Voluntary coverage ; amendment and modification of Act.

(2) Nothing in this regulation shall affect any other voluntary contributor.

PART II—REGISTRATION

Registration of employers.

6. (1) Every person, being an employer to whom these regulations apply at the date of the coming into force of these regulations, shall forthwith thereafter obtain, complete and forward prescribed form N.P.F. 11, to the Director at his office.

(2) Every person becoming or again becoming an employer after the date of the coming into force of these regulations shall complete and forward prescribed form N.P.F. 11 to the Director at his Office within one month of the date on which he becomes or again becomes an employer.

(3) Every person who has completed and forwarded prescribed form N.P.F. 11 to the Director and who subsequently ceases to be an employer shall inform the director accordingly within one month of ceasing to be an employer.

(4) Every employer who has completed and forwarded prescribed form N.P.F. 11 to the Director shall inform the Director forthwith of any change of his business address.

Employer's registration number.

7. The Director shall allot an employer's registration number to every employer who has completed and forwarded prescribed form N.P.F. 11 to him and shall notify the employer accordingly in the prescribed form N.P.F. 12.

Registration of workers and voluntary contributors.

8. (1) Every employer immediately after his registration, or as soon as any person works for him, shall forthwith complete or have completed and forwarded to the Director prescribed form N.P.F. 13 in respect of each of his workers unless the worker produces evidence that he is already a member of the Fund.

(2) Every voluntary contributor who is not already a member of the Fund shall complete such forms as the Director may require in order to effect his registration.

Worker's, registration certificate.

9. The Director shall forward to every employer of a worker and every voluntary contributor on that worker's or contributor's first registration a certificate of membership of the Fund in prescribed form N.P.F. 14 and every employer to whom such certificate is sent shall forthwith hand it or cause it to be handed to the worker concerned or, if that worker is no longer in his employment he shall return it to the Director.

Replacement of lost certificate.

10. If the certificate of membership of any member of the Fund is lost or destroyed, the member concerned may apply to the Director for the issue to him of a duplicate certificate in place thereof and the Director may, if he sees fit, issue such duplicate after obtaining from the member or his employer such information as may be required for the completion of the duplicate and may make a charge of two shillings and six pence therefor. Every duplicate certificate shall, before issue, have written upon it "duplicate" and the date of issue thereof.

Information about worker leaving service of employer.

11. Where an employer ceases to employ any worker or his worker ceases to work for him the employer shall furnish to the Director such information as may be in his possession in order to trace his next employer.

12. (1) A worker, when required to do so by his employer on behalf of the Fund, shall complete the appropriate parts of prescribed form N.P.F. 13 and every employer shall so require each worker when directed to do so by the Director.

Worker to complete forms and produce certificate of membership.

(2) A worker, who is registered with the Fund shall on commencing work for a new employer produce his certificate of registration to his employer.

PART III.—CONTRIBUTIONS

13. Every employer whose workers generally are subject to the Act but whose casual workers are for the time being excluded from the operation of the Act, shall make a contribution each month to the Fund of threepence for every complete five shillings of the total wages of all his casual workers for that month in lieu of employer contributions in respect of those individual casual workers and for this purpose he shall make returns as required of the number of his casual workers and of the total amounts paid to them.

Casual workers.

14. (1) Every employer shall enter monthly on a contribution card in prescribed form N.P.F. 15 the wages paid during and the total worker and employer contributions for, the month in respect of the worker and shall at the end of each quarter total the wages and contributions for the quarter and shall deliver or send all the quarter's cards for his workers to the Director within one month of the end of the quarter.

Employer to prepare contribution cards.

(2) An employer shall not make deductions from the wages of a worker until he receives evidence from the worker or from the Fund of the worker's membership number and in the case of a new member of the Fund or of a casual worker who for the purposes of the Act ceases to be regarded as a casual worker the employer shall not make deductions until the first day of the month following the receipt of the membership number or the date of ceasing to be regarded as a casual worker as the case may be.

(3) Where an employer has not received a contribution card in respect of any worker employed by him but has evidence of the worker's membership number he shall make the necessary deductions from the worker's wages and give details of the individual workers on a list recording the membership number and name of each worker and the total wages and contributions for the quarter and shall send such list to the Director at the same time as he sends his contribution cards.

(4) The employer shall at the end of each month of every quarter send in to the Fund a certificate certifying the amount of contributions due from him and his workers for that month and shall pay the amount thereof on account to the Fund at the same time.

(5) Where the Director permits an employer or a class or classes of employers to make payments or to submit the contribution cards of workers otherwise than in accordance with the foregoing provisions of this regulation he may agree with the employer on such terms and conditions as will compensate the Fund for loss of interest on deferred payments or will enable the Fund to discharge its duties to beneficiaries; and any terms and conditions agreed upon shall be binding on the employer to the same extent as if they had been embodied in these regulations.

15. All contributions to the Fund shall be paid to the Fund either—

(a) in cash at the head office of the Fund and to an officer authorised by the Director in that behalf; or

Manner of payment of contributions.

(b) by money order, postal order, or cheque drawn on any bank in Nigeria, delivered or sent by post to such office or offices of the Fund as may be designated for the purpose ; or

(c) in such other manner as the Director may from time to time authorise in any particular case or class of cases.

Payment to be accompanied by forms duly completed.

Receipt.

16. All payments of contributions to the Fund shall be accompanied by prescribed form N.P.F. 16 for the purpose duly completed or by such other forms as the Director may in any particular case or class of cases permit.

17. No receipt other than a receipt machine printed at the front or end of form N.P.F. 16 shall be given by the Director for any payment to the Fund ; and any receipt so made and endorsed shall be accepted as sufficient for all purposes.

Earlier payment of contributions in certain cases.

18. The Director may require any employer to pay the contributions in respect of a worker earlier than the date prescribed and other than in the manner prescribed, where it is necessary in order that the Fund may make payment expeditiously to a member of the Fund of a main or withdrawal benefit, notice of claim for which has been received by the Director—

Refund of contributions made in error.

19. (1) Subject to the provisions of this regulation, where the Director is satisfied that any amount has been paid to the fund by error, in excess of the amount that was due to be paid, he may subject to the provisions of paragraph (2) of this regulation refund the amount so paid in excess to the person by whom it was made :

Provided that—

(a) if the excess payment was in the opinion of the Director made by error due to gross negligence on the part of the person by whom it was made or if the refund of such excess payment is not claimed within three years of the date on which it was made, or if the member of the Fund in respect of whom it was made has withdrawn it as benefit, such excess payment shall not be refunded but shall be deemed to have been properly made and shall unless already credited be credited to the account of the person or persons in respect of whom it was made ; and

(b) if any amount is due to the Fund from the person to whom refund of the amount paid in excess would otherwise be made, the Director may retain the whole or any part of such excess payment and set it off against such amount as is due.

(2) No refund shall be made and no amount shall be offset under this regulation except with the consent of the Director who may require the person by whom the excess payment was made to make a written application for refund and to furnish such information as he may require to determine the amount of the excess payment and the circumstances in which it occurred.

(3) If any contribution or part of a contribution paid in excess in error is refunded to any person after it has been in the Fund throughout the whole of a financial year the Director may, at his discretion, increase the amount repaid by adding thereto interest at the rate fixed by the Minister for accounts of members in respect of any such financial year.

Payment of contributions omitted to be paid owing to error.

20. Where any contribution or part of a contribution due to be paid under the Act is owing to error omitted to be paid by an employer within the prescribed time for payment, the employer shall inform the Director in writing as soon as the error comes to his notice and shall remit the amount omitted to be paid with a special list of those contributions in such form as the Director may authorise.

21. (1) Where a worker is successively employed by two or more employers in the same contribution period, the Director may on application by the worker refund to him such part of the contribution deducted from his wages for that period and paid to the Fund as may exceed the contribution that would have been paid for that period if he had been employed by only one employer and received from him the total wages paid by all his employers in that period; but no amount less than five shillings shall be refunded.

Worker successively or concurrently having two or more employers.

(2) Where a worker is concurrently employed by two or more employers in the same contribution period, the Director may, on application from the worker direct that the contributions payable for him and recoverable from his wages by all or any of the employers be reduced so that in the aggregate they do not exceed the amount which would have been deducted had he been employed by only one employer and received from him the total wages paid by all his employers in that period; and the amounts payable by the employers in respect of him shall be reduced accordingly.

PART IV—BENEFITS

22. (1) Applications for a benefit mentioned in the first column hereunder shall be made on prescribed forms the numbers of which are set out in the second column hereto—

Applications for benefit.

COLUMN 1	COLUMN 2
<i>Benefit</i>	<i>Form Number</i>
Old age or invalidity benefit	N.P.F. 17
Survivors' benefit	N.P.F. 18
Withdrawal benefit	N.P.F. 19
Sickness benefit	N.P.F. 20

(2) The applicant shall complete and deliver the appropriate form to the office of the Fund, together with the certificate of membership of the Fund for the member concerned :

(3) For the purposes of this Regulation, the Director may in cases applying for sickness benefit, and in any other case where he is satisfied that it is reasonable in the circumstances to do so, dispense with the production of the certificate of membership.

23. (1) Where application is made for old age pension, the date of birth of the member of the Fund entered in the records shall be presumed to be correct but the Director may, if he has reason to believe that such a date was not correctly stated, require to be furnished with such further evidence of age as may be obtainable. The Director may also require production of such evidence as he may deem necessary in support of the applicant's statement that he has retired, or is about to retire, from employment as a worker.

Evidence in support of applications for benefit.

(2) Where application is made for survivors' benefit, the applicant shall produce with his application a certificate or other evidence of the death of the member of the Fund concerned and such evidence of his own identity and relationship to the deceased member and such information about other relatives of the deceased as the Director may require.

(3) Where application is made for invalidity or sickness benefit, the member of the Fund shall supply with his application and at his own cost a certificate of his physical condition and of his incapacity for work signed by a registered medical practitioner ;

Provided that the Director may refer the member of the Fund for examination of his physical condition and his capacity or incapacity for work by a medical board or referee and may use the report of such medical board or referee as evidence in deciding the member of the Fund's claim to benefit.

(4) Where application is made for withdrawal benefit, the applicant shall supply such documentary or other evidence in support of his application as the Director may require.

(5) The Director may require any person who has made an application for benefit to make a statutory declaration as to the truth of any statement of fact made by him in his application or in any evidence submitted by him.

(6) The Director may authorise any officer of the Fund, to make enquiry about any application for benefit and the Permanent Secretary of the Ministry responsible for the control of this Act shall on reasonable request in writing by the Director authorise any of his officers, to make any such enquiry and prepare a report and the Director may use the report of any such officer as evidence for the purposes of this Regulation.

Medical
boards or
referees.

24. The Minister on the application of the Director may constitute medical boards or referees consisting of one or more registered medical practitioners to which a member of the Fund may be referred under regulation 23 of these Regulations.

Payment of
benefit or
refund of
contribu-
tions.

25. Where benefit or a refund of contributions has been authorised in favour of any person, the Director shall pay the amount in cash or issue to that person or to any other person duly authorised in the manner required by paragraph (2) of regulation 26 a warrant or other instrument similar in form to that set out in prescribed forms N.P.F. 21, 22 and 23 :

Provided that if payment of any benefit or refund of contributions is to be made to a person outside Nigeria, the amount due may be paid by money order or by such other method as the Director thinks fit to use in any particular case.

Presentation
of
instrument
of payment.

26. (1) Where payment is made in accordance with regulation 25 of these Regulations, a receipt for the amount paid, or for the amount specified in the instrument of payment, shall be given in the form of receipt shown on prescribed forms N.P.F. 21, 22 and 23 by the payee or by a person authorised in the manner prescribed in paragraph (2) of this regulation to receive the amount and such receipt shall be a full and sufficient discharge to the Fund for the sum specified therein.

(2) Authority may be given by a power of attorney in prescribed form N.P.F. 24 duly executed by the person entitled to receive the benefit for any other person to receive the benefit and forthwith to pay it to the person entitled thereto.

Posting
letter
containing
instrument
of payment
to be equiva-
lent to
delivery.

27. The posting of a letter containing an instrument of payment sent in pursuance of these regulations addressed to the person concerned at the address furnished on the application form shall as regards the liability of the Fund be equivalent to the delivery of the instrument of payment to the person to whom the letter was addressed :

Provided that where the Director is satisfied that such an instrument of payment has been lost or destroyed, he may on receipt of a duly executed indemnity to the Fund issue a duplicate instrument of payment,

28. (1) Where a member of the Fund entitled to a benefit or refund under the Act is of unsound mind anything required to be done by him may be done on his behalf by any person appointed by order of the High Court under the Lunacy Ordinance in the Federal Territory or under any similar law in a Region ; and any amount payable to that member of the Fund may be paid to the Person appointed to administer his affairs in accordance with the Order of the Court.

Persons of unsound mind or other disability.
Cap. 112.

(2) Where the Director is satisfied on reasonable grounds that a member of the Fund is of unsound mind or for any other reason is unfit to manage his own affairs and no person has been appointed by Order of the Court or otherwise howsoever to act on his behalf, the Director may, if he thinks fit and the money in the Fund due or payable to the member does not exceed the sum of £20, approve payment of the amount or any part thereof to any other person who satisfies the Director that he is a proper person to receive the amount on the member's behalf and will apply the amount for the maintenance and benefit of the member of the Fund under disability and his dependants ; and any receipt given under this paragraph shall be a good and sufficient discharge to the Fund for the amount so paid.

PART V.—MISCELLANEOUS

Any document used in connection with the Fund which requires a signature of the member of the Fund may be signed with his written signature but shall in any event be authenticated by his furnishing a clear impression of his right thumb ; and the thumb impression and signature (if any) shall in the case of the worker's part of prescribed form N.P.F. 13 be witnessed and countersigned by the employer, or as the case may be, by a representative of the employer or by an officer or servant of the Fund.

Signing of documents.

Provided that—

(a) Where for any reason it is not possible to furnish an impression of the right thumb of the member of the Fund he may furnish a clear impression of his left thumb and this Regulation shall be read and construed accordingly ; and

(b) Where for any reason it is not possible for the member of the Fund to furnish any thumb print, the Director may accept such other mark of identification as he thinks fit.

30. Every worker shall furnish to his employer all information and produce any documents necessary for the completion of returns prescribed by these Regulations and required to be made by his employer.

Worker to furnish information to employer.

31. If in the opinion of the Director any document required to be completed under these regulations is incomplete, or inaccurate, or is insufficiently clear, to identify the person concerned, he may return the document to the sender. The sender shall comply with all lawful directions given to him and shall within one week of the receipt by him of the document complete and deliver a fresh document in place thereof, or return the original document duly corrected as the case may require.

Incomplete or inaccurate documents.

32. (1) Any amount standing to the credit of a member of the Fund in respect of whom no contributions have been received for five years after he appears from the records to have attained the age of fifty-five years and in respect of which no claim to main or withdrawal benefit has been received before the end of that period shall be regarded as an unclaimed balance and shall be transferred to the Reserve Fund,

Unclaimed moneys.

(2) Where any amount has been authorised to be paid out of the Fund to any person and such person has not obtained payment within one year after the date of authorisation such amount shall be regarded as an unclaimed benefit and shall be transferred to the Reserve Fund.

(3) Any amount which has been transferred to the Reserve Fund shall be paid to any person who can show a legal title thereto within a period of five years from the time of its transfer to the Reserve Fund provided he gives such indemnity to the Fund as the Director may require.

(4) No interest shall be added to any amount in respect of the period during which it is in the Reserve Fund.

(5) The income on monies in the Reserve Fund shall form part of the Fund and the interest from the investment thereof shall be transferred to and form part of the general revenues of the Fund.

(6) Any unclaimed amounts transferred to the Reserve Fund which are not claimed within the time prescribed in this regulation shall be dealt with as the Federal Minister of Finance may direct.

Variation
of forms,
etc.

33. (1) Any form or document used in connection with the Fund shall not be or be deemed invalid by reason only of the inclusion therein of additional matter or of any variation in its wording; and any form prescribed by these Regulations may be altered or amended to suit any particular case, and shall be valid for all purposes accordingly.

(2) Any form set out in the Schedule and not specifically referred to elsewhere in these regulations, or any form substantially to the like effect, may where necessary be used for the purposes for which the form is designed.

**SCHEDULE
FORM N.P.F. 1**

Regulation 3

National Provident Fund Act, 1961

**Application by employer for Act to cease to apply to
him and his workers**

To The Director,
National Provident Fund,

.....Lagos.

I apply for the National Provident Fund Act, 1961 to cease to have effect as far as my workers are concerned.

The grounds on which I do so are that continuously for a period of not less than two years I have employed less workers than the number prescribed.

The number of workers I have employed in each month for the last two years is as under :—

<i>*Number of Workers</i>	<i>Number of Workers</i>
1	13
2	14
3	15
4	16
5	17
6	18
7	19
8	20
9	21
10	22
11	23
12	24

Date Signed
Employer

* Beginning with the first month two years before the application the number of workers for each month up to the end of the month before the date of application should be given.

FORM N.P.F. 2

Regulation 3

National Provident Fund Act, 1961

**Grant of application by employer for Act to cease to
apply to his workers**

To

Your application datedfor the National Provident Fund Act, 1961 to cease to apply to your workers has been granted on the basis of the facts given in your application and the Act will cease to apply compulsorily to your workers on

From the last mentioned date you should not make further contributions to the National Provident Fund but should continue to make them until that date.

If for any reason the facts as given in your application are found to be incorrect, this grant of your application will be cancelled and you will be required to repay to the Fund all the arrears with interest. Further, if the number of your workers should beor more at any time whilst the present regulations are in force, you should notify me immediately as your workers will again become subject to the Act.

.....
Director

FORM N.P.F. 3

Regulation 4 (1)

National Provident Fund Act, 1961

Application by employer for his workers to become subject to the Act

To The Director,

National Provident Fund,

.....Lagos.

I apply for the workers in my service to become subject to the above named Act. The number of workers in my service is and the majority of them who are not exempt from the Act have expressed in writing their desire to become subject to the Act.

I attach form signed by those of my workers who wish to become subject to the Act.

Date

Signed

FORM N.P.F. 4

Regulation 4 (1)

National Provident Fund Act, 1961

Grant of application by an employer for his workers to become subject to the Act

To

.....
Your application datedfor your workers to become subject to the above named Act has been granted as from From the last mentioned date your workers will become subject to the Act and you will be liable to contribute like all other employers who are subject to the Act.

I enclose the necessary form dealing with your registration. Will you please return it completed as soon as possible and the necessary steps will then be taken to register your workers and to arrange for contributions to be paid.

Date

Signed

Director

FORM N.P.F. 5

Regulation 4 (2)

National Provident Fund Act, 1961

**Application by employer with less workers than the number
prescribed for his workers to cease to be
voluntarily subject to the Act.**

To The Director,

National Provident Fund,

.....Lagos.

With reference to the grant to me of an application for my workers to become subject to the above mentioned Act, I have to inform you that a majority of my workers have now, freely and without pressure from me, expressed in writing their desire to cease to be voluntarily subject to the Act.

I enclose written notice signed by them signifying that desire and I accordingly apply for my workers to be no longer subject to the Act.

Date

Signed

FORM N.P.F. 6

Regulation 4 (2)

National Provident Fund Act, 1961

**Grant of application by employer for his workers to cease
to be voluntarily subject to the Act**

To

.....

.....

Your application dated.....for yourself and your workers to cease to be voluntarily subject to the Act has been granted from.....Until the last mentioned date, you should continue to account for and pay contributions but from that date no further contributions will be payable.

Date

Signed

FORM N.P.F. 7

Regulation 4 (3)

National Provident Fund Act, 1961

Application to become a voluntary contributor

To The Director,

National Provident Fund,

.....Lagos

I apply to become a voluntary contributor to the National Provident Fund on the following grounds :—

*I have been a member of the Fund and my registration number is

*I am exempt from contributing compulsorily under the Act. My salary or wages for the month before the date of this application were £ : :

Date

Signed

* Strike out what does not apply.

FORM N.P.F. 8

Regulation 4 (3)

National Provident Fund Act, 1961

Grant of application to become a voluntary contributor

To

Your application datedto become a voluntary contributor to the National Provident Fund has been granted from From the last mentioned date, you should send to the Fund monthly a sum of not less than nor more than

Remittances should be made payable to "The National Provident Fund" and should be crossed. They should be sent to

Date

Signed

Director

FORM N.P.F. 9

Regulation 4 (4)

National Provident Fund Act, 1961

Application by missionary society, church or other religious body to apply the Act to missionary, minister of religion or other person acting in a similar capacity

We, the undersigned, being the responsible Officers of *

.....hereby apply for the following person(s) to be regarded as workers for the purposes of the National Provident Fund Act and the missionary society/church/or other religious body we represent will undertake the obligations of an employer in respect of them :—

*Name**Designation*

†
.....
.....
.....
.....

A certified copy of the resolution of the missionary society/church is attached.

Signed on behalf of the missionary society, church, or other religious body.

.....
*Chairman/Minister/Pastor
 (or other person) who presided
 at the meeting at which the
 decision was made*

.....
Secretary

.....
Treasurer

.....19.....

* Here insert description of missionary society, church, or other religious body.

† If space is required for additional names they should be given on an additional sheet of paper.

*National Provident Fund Act, 1961***Grant of application for Act to apply to missionary,
minister of religion, etc.**

The application, dated.....

by.....for the undermentioned person(s)
to be regarded as workers for the purposes of the National Provident Fund
Act has been granted.*Name**Designation*

.....
.....
.....
.....
.....

The necessary forms for registration are sent herewith.

19.....

Director

FORM N.P.F. 11

*Regulations 6 and 7**National Provident Fund Act, 1961***Return by an employer of persons in his employment**This form must be submitted to.....
by the employer within fourteen days of his first coming under the above
named Act.1. Business name of Employer or Department or Authority as case may
be*(Block Letters)*

2. Full postal address.....

3. Reference No. (if any) of Certificate of Business Registration.....

4. Nature of Business.....

5. Place where Business is carried on, if different from postal address
above

6. Date from which business became (becomes) liable to pay contributions
.....

7. *Total number of persons employed.....

8. Total number of persons included in 7 above who will be exempt
from the provisions of the Act.....

9. Do you employ staff at other premises or branches in the Federation
of Nigeria?

10. If so, are they included in this return?

Date.....19.....

.....
Signature of Employer

* Workers at other establishments should be included if they are paid from the business address given above. If, however, they are paid from some other establishment of the employer, that other establishment should make a separate application, unless the employer wishes to centralise or group his payments to the Fund.

FORM N.P.F. 12

Regulation 7

National Provident Fund Act, 1961

Notification to employer of Registration Number

To.....

.....
.....
With reference to your application to be registered as an employer under the above mentioned Act, I have to inform you that you have now been registered and your registration number is..... This number should be quoted in all correspondence with the Fund.

I enclose.....copies of form N.P.F. 13 for completion by you and your workers and shall be obliged if you will return them as soon as possible so that the workers may also be registered.

Date.....19.....

.....
Director

FORM N.P.F. 13

Regulations 8 (1) and 12 (1)

National Provident Fund Act, 1961

Contributor's Record

FUND ACCOUNT PARTICULARS (TO BE COMPLETED BY, THE FUND)

Employer's Ref. No.

Member's No.

--	--

Signature and right thumb impression of worker—

Signature of witness

*Designation

*The witness should be either the employer, or a representative of the employer or an officer or servant of the Fund.

Full Name of Worker

Surname.....
(Block Letters)Other names.....
(Block Letters)

Son/Daughter of

(Block Letters) (Surname Last)

Tribe of origin or place of birth

Date of birth

Date employment commenced

N.B.:—This need not be given for the block registration of workers when the scheme is first applied to the employer.

IMPORTANT : This form should **NOT** be completed if the worker has previously registered with the National Provident Fund.

FORM N.P.F. 14

Regulation 9

Certificate of Membership

FEDERATION OF NIGERIA

NATIONAL PROVIDENT FUND

Name

N.P.F. No.

IMPORTANT—Keep this card safely and show it to a new employer. If you do not do this your contributions may go to someone else.

FORM N.P.F. 15

Regulation 14

Contribution Card

FEDERATION OF NIGERIA

NATIONAL PROVIDENT FUND

Member's Name.....Member's No.

Employer's No.

Contributions for the quarter ended.....19.....

Wages
£ s d

Contributions
£ s d

Month 1

Month 2

Month 3

£

£
£

.....
Initials

National Provident Fund Act, 1961

Certificate of Contributions due

Contributions for the month of

Employers Ref. No.

1. I hereby certify that the total amount due from my workers as contributions to the National Provident Fund for the above-mentioned month is

£

2. Number of workers for whom contributions are made in the month

3. My own contributions for the same month amount to
(This figure should be the same as that entered for item 1)

£

4. Total

£

5. Where the employer engages casual workers who for the time being are not contributing to the Fund, he should enter here the amount of wages and the contributions due for the month from him as employer

Total number of casual workers

Total wages for casual workers

Contributions thereon at rate of threepence for each complete five shillings of the total wages

£

6. Total amount sent herewith by cheque/money order/postal order

£

For use in head office of the Fund only.

Entries posted and totals checked.....

Received the undermentioned amount.

Date

Serial Number

Amount

Payment by cheque or other remittances—

Send the list(s) and the cheque to the Controller of Finance and Accounts, National Provident Fund.....

Payment by cash—

Hand the list(s) and the cash to.....

FORM N.P.F. 17

Regulation 22

National Provident Fund Act, 1961

Application for payment of Old age or Invalidity Benefit

IMPORTANT :—Your membership card should accompany this form

Fund account Particulars.

Employer's Ref. No. Member's Number

--	--

Particulars
of member

Full Name

Surname
(Block Letters)Other names
(Block Letters)Son of
Daughter

Date of birth.....

I wish to claim the whole amount due to the above described account in the National Provident Fund,

The conditions under which I claim payment of the benefit are marked X below. Please read the instructions for completing the form (sent herewith) (printed on the back of the form).

	I have attained the age of 55 years and retired from employment as a worker on.....
	I have attained the age of 55 years and intend to retire on from employment as a worker
	I am a permanent invalid unable to work and attach a medical certificate to that effect

N.B.—Any person who makes a false statement or representation or who produces or furnishes or causes to be produced or furnished any information which he knows to be false in a material particular is guilty of an offence under the National Provident Fund Act, 1961.

Payment Instructions

Full Postal address to which the warrant for payment should be sent :—

(IN BLOCK LETTERS).....

Signature of person making application*Right thumb impression of person making application**Signature of Witness**Address*

FOR USE IN HEAD OFFICE OF FUND

Benefit Authorised :

Age	Amount of last balance	£
_____	Add : (a) Interest	£
Invalidity	(b) Contributions received since	£ : :
		£ : :
	Less : Subsidiary benefit paid since	£
	Net amount payable	£

Warrant No. for £ issued on

Initials

Payment of benefit listed for posting } date

*Initials*Member's record extracted *Initials*Index card extracted *Initials*

FORM N.P.F. 18

*Regulation 22**National Provident Fund Act, 1961***Application for payment of Survivor's Benefit**

IMPORTANT :— The deceased's membership card and a copy of the certificate of death should accompany this form unless they have been, or are being, sent in by some other claimant

Employer's Ref. No. Member's Number

Fund Account particulars.

--	--

FOR USE IN HEAD OFFICE OF FUND

Survivors' Benefit Authorised.

Amount of last balance	£
Add : (a) Interest	£
(b) Contributions	
received since	£
	<hr/>
	£ : :
Less : Subsidiary benefits	
paid since Net	
amount payable	£
	<hr/>

To be divided as follows :—

Warrant No. for £..... issued on Initials.....

Payment of benefit
listed for posting Date Initials.....

Contributor's record extracted Initials.....

Index card extracted Initials.....

N.P.F. 19

Regulation 22

National Provident Fund Act, 1961

Application for withdrawal benefit*Your membership card should accompany this form*

IMPORTANT :

Employer's Reference No. Member's No.

Fund Account particulars

--	--

Particulars

Full Name (Surname).....
(Block Letters)(Other names).....
(Block Letters)

Son of

Daughter of

Date of Birth

I wish to claim the whole amount due to the above described account in the National Provident Fund.

The grounds upon which I claim payment of the benefit are marked X below:—

Please read the instructions for completing the form (sent herewith) (printed on the back of the form).

	† I left/am leaving Nigeria onwith no intention of returning. My future address will be
	† I left paid employment on*and since that date I have not been employed in any paid employment.

Payment instructions.—Full postal address to which the Warrant for payment should be sent:—

(In Block Letters)

Post Office/Sub-Treasury at which payment is desired

Post Office
† Sub-Treasury

† Delete what does not apply.

* This date should be at least two years before the date of claim.

N.B.—Any person who makes a false statement or representation or who produces or furnishes or causes to be produced or furnished any information which he knows to be false in a material particular is guilty of an offence under the Act.

Witness

Signature and right thumb impression

Address

Date

FOR USE IN HEAD OFFICE OF FUND

		£	s	d
Benefit Authorised:	Amount of last balance	..		
Emigration Grant				
Withdrawal Grant	Add: (a) Interest	£
	(b) Contribution received			
	since	£
				£
	Less: subsidiary benefit paid			
	since	£
				£
	Net amount payable	£

Warrant No. _____ for £_____ issued on _____

Payment of benefit listed } Date Initials
for posting

Contributor's Record extracted Initials

Index card extracted Initials

N.P.F. 20

Regulation 22

National Provident Fund Act, 1961

Application for sickness benefit

IMPORTANT: *A medical certificate of the illness and its duration or likely duration must accompany this form*

Employer's Reference No. Member's No.

Fund account particulars

Particulars { Full Name (*Surname*)
(*Block Letters*)
(*Other names*)
(*Block Letters*)
Son of
Daughter of
Date of birth

I wish to claim sickness benefit for the period from
.....to.....
during which period I was ill and incapable of work.

I enclose medical certificate of the illness and its duration.

†I was not in receipt of any payment from my employer for that period.

†I received wages from my employer for that period amounting to
 £ s d.

† I received Workmen's Compensation for that period.

Payment instructions.—Full postal address to which the warrant for payment should be addressed

(In Block Letters)

N.B.—Any person who makes a false statement or representation or who produces or furnishes or causes to be produced or furnished any information which he knows to be false in a material particular is guilty of an offence under the Act.

..... *Witness*

Signature and right thumb
impression of member *Address*

† Strike out what does not apply.

FOR USE IN HEAD OFFICE OF FUND

Benefit Authorised:	Cumulative amount of benefit	
Sickness Benefit	already received £
	<i>Add : National amount of this pay-</i>	
	ment £
	Total £
	Balance in member's account	.. £

Warrant Number for £ Issued on

..... *Initials*

Payment of benefit listed for posting Date

..... *Initials*

FORM N.P.F. 21

Regulations 25 and 26 (1)

National Provident Fund Act, 1961

Warrant (General)

NOT TRANSFERABLE

No.

This warrant may be paid into your Post Office Savings or private bank account, or exchanged for cash at

Member's Number

Date of issue

(Payable within 30 days from date of issue)

THE NATIONAL PROVIDENT FUND, FEDERATION OF NIGERIA

To the Bank, LAGOS.

Pay toonly

Pounds

Shillings and Pence.

£ s d

*Consigned**Controller of Finance and Accounts,
National Provident Fund**(To be printed on the back)*

Received the sum stated on the face of this warrant.

Exempt
from
Stamp duty*Signature and right thumb impression**Signature of witness to right thumb
impression*

FORM N.P.F. 22

*Regulations 25 and 26 (1)**National Provident Fund Act, 1961***NOT TRANSFERABLE****Warrant***(Refund of contributions made in error—Member)*

This warrant may be paid into your Post Office Savings or private bank account, or exchanged for cash at

*Member's Number**Date of Issue**(Payable only within 30 days from date of issue)*

THE NATIONAL PROVIDENT FUND, FEDERATION OF NIGERIA

To theBank, LAGOS.

Pay toonly

.....Pounds.....
Shillings andPence
 £ s d

Countersigned

Controller of Finance and Accounts,
 National Provident Fund

(To be printed on the back)

Received the sum stated on the face of this warrant.

Exempt
 from
 Stamp duty

Signature and right thumb impression

Signature of witness to right thumb
 impression

(The signature or impression will be accepted as an endorsement).

FORM N.P.F. 23

Regulations 25 and 26 (1)

National Provident Fund Act, 1961

Warrant

NOT TRANSFERABLE

(Refund of Contributions made in error—Employer)

Refund particulars

Date of issue

(Payable only within 30 days from date of issue)

THE NATIONAL PROVIDENT FUND, FEDERATION OF NIGERIA

To theBank, LAGOS.

Pay toonly

.....Pounds.....
Shillings andPence
 £ s d

Countersigned

Controller of Finance and Accounts,
 National Provident Fund

(To be printed on the back)

Received from the National Provident Fund the sum stated on the face of this Warrant.

Exempt
from
Stamp duty

.....
Signature or right thumb impression

.....
Signature of witness to right thumb impression

(The Signature or impression will be accepted as an endorsement).

Authority to receive the amount payable on a Warrant*(Issued under the National Provident Fund Act, 1961)*

IMPORTANT: When completed this form must be stamped as a power of attorney under the Stamp Duties Ordinance.

Employer's Reference No.

Contributor's Number

FOR OFFICIAL USE ONLY

Number of Warrant.....

Date of Warrant.....

Fund
Account
Particulars

To WHOM IT MAY CONCERN,

I, the undersigned, being the person entitled to benefit or a refund of contributions on the above described account, do hereby
 authorise.....whose signature and thumb impression are hereunder affixed to
 receive on my behalf the sum due to me for which sum the receipt of the above named person shall be a proper discharge. As witness
 my hand this.....day of.....19.....

Signed in the presence of *.....

Address.....

Office or Qualification.....

.....
Signature and right thumb impression of claimant

Signature and right thumb impression of person authorised to receive payment.....

When the person giving the authority cannot read and write English, the following certificate should also be signed :

I certify that this authority, before being signed by the said.....has been first audibly, clearly and distinctly read over to him in my presence and hearing, when the said person appeared perfectly to understand the same and made his mark thereto.

*Signature of Witness.....

* This form must be signed in the presence of a person of any of the following classes : (1) A Magistrate (2) A Justice of the Peace (3) An Officer in charge of a police district (4) A civil servant or Local Government or Native Authority Officer not below the rank of clerical officer (5) A Registered Medical Practitioner (6) An Advocate or Solicitor (7) A Consul or official of no less status outside Nigeria.

FORM N.P.F. 25

Regulation 33

National Provident Fund Act, 1961

Application for refund of contributions made in error

IMPORTANT :—*If all contributions to the credit of the worker are claimed to have been made in error, his certificate of Membership should accompany this form*

Employer's Ref. No.

Member's No.

Fund Account Particulars.

Particulars of Contributor

Full Name (Surname) : _____
(Block Letters)

(Other names)
(Block Letters)

* Son/Daughter of

Date of birth

We, the undersigned, wish to claim refund of contributions paid in error according to our respective shares for the periods stated and for the reasons indicated on the back of this form. We declare that the facts as stated are, to the best of our knowledge and belief, correct.

Payment Instructions :

Full postal address to which the employer's warrant should be sent :

Signature of employer

Signature and right thumb
impression of worker

Witness to signature and right thumb impression of worker

Address to which worker desires payment to be sent.....

Where the employer is himself claiming the worker's contribution because it was not recovered from the worker, the worker's signature or thumb impression is not required, but the employer must sign the following certificate.

I hereby certify that the worker's share of the contribution made in error has not been recovered from the worker.

* Strike out what does not apply.

Signature of employer

Signature

Refunds Listed for posting

Date Intials.....

Record card extracted (if

necessary) Initials

f

Warrant No. _____ for the above amounts issued

on _____ Initials _____

Index card extracted (if necessary) initials.....

(To be printed on the back)

Details of contributions for which refund is claimed

[illegible]

The reason why it is considered that, the amounts should be refunded should be stated below :—

MADE at Lagos this 26th day of October, 1961.

ISA KOTO,
Acting Deputy Secretary to the Council of Ministers

L.N. 143 of 1961

NATIONAL PROVIDENT FUND ACT, 1961
(1961, No. 20)

**National Provident Fund (General Regulations
Appointed Day) Order, 1961**

Commencement : 1st October, 1961

In exercise of the powers conferred by regulation 1 of the National Provident Fund (General) Regulations, 1961, upon the Minister of Labour, as the Federal Minister charged with responsibility for the National Provident Fund, the following Order is hereby made—

1. This Order may be cited as the National Provident Fund (General Regulations Appointed Day) Order, 1961.

2. In this Order,—

“the Act” means the National Provident Fund Act, 1961 ;

“the Regulations” means the National Provident Fund (General) Regulations, 1961.

3. The Regulations shall to the extent necessary to implement the operation of the Act on the 1st day of October, 1961, be deemed to have come into force on that date ; and subject to the provisions of this Order or any Order whereby the Act is extended to other employers and workers, the Regulations in their application to such other employers and workers shall have effect and likewise come into operation without further authority than this Order on the date or dates provided for the further extension of the Act.

4. Notwithstanding the provisions of paragraph 3 of this Order, the provisions of regulation 13 of the Regulations (which relates to an employer's contributions in respect of casual workers before the casual workers themselves are brought within the scope of the Act) shall come into force on the appointed day for the Act in respect of the ordinary workers of that employer.

MADE at Lagos this 30th day of October, 1961.

J. M. JOHNSON,
Federal Minister of Labour

Rb/14

Title.

Interpretation.

Commencement of Regulations.

Employer's contribution for casual workers.

L.N. 144 of 1961

LAGOS TOWN PLANNING ORDINANCE (CHAPTER 95)

Lagos Central Planning Scheme, 1951 (Amendment) Order, 1961

In exercise of the powers conferred by section 26 of the Lagos Town Planning Ordinance, the Lagos Executive Development Board, with the approval of the Minister of Lagos Affairs, has made the following Order—

1. This Order may be cited as the Lagos Central Planning Scheme (Amendment) Order, 1961, and shall be deemed to have come into operation on the 31st day of May, 1961.

2. The Third Schedule to the Lagos Central Planning Scheme set out in the Schedule to the Lagos Central Planning Scheme (Approval) Order in Council, 1952, as amended by the Lagos Central Planning Scheme 1951 (Amendment) Order, 1959, and the Lagos Central Planning Scheme 1951 (Amendment No. 3) Order, 1959, is further amended by the deletion of the respective vesting dates of Sub-Areas 10, 11 and 12 and the substitution therefor of the following vesting dates, namely—

“1st June, 1962

“1st January, 1963

“1st June, 1963”.

DATED this 21st day of October, 1961.

J. E. KING,
*Permanent Secretary,
Ministry of Lagos Affairs*

Citation and Commencement.

Third Schedule, Lagos Central Planning Scheme amended.