



GOVERNMENT EMPLOYEES HOUSING SCHEME: INDIVIDUAL-LINKED SAVINGS FACILITY (GEHS: ILSF) EMPLOYEE WITHDRAWAL APPLICATION FORM

INSTRUCTIONS

- 1 Ensure that you are enrolled with the GEHS (Enrolment Call Centre: 0861 12 34 34)
- 2 Employees who qualify to withdraw from the GEHS: ILSF should complete this application form.
- 3 The full value of the accumulated savings, subject to interest earned and applicable tax, can be withdrawn only in the event that:
 - 3.1 the employee becomes a home-owner; or
 - 3.2 the employee passed on;
 - 3.3 the employee retires or is medically boarded; or
 - 3.4 the employee's contract expire
- 4 Complete and tick the boxes that apply to you.
- 5 Ensure that you have completed and signed the application form.
- 6 Attached all the required documents since lacking information may delay the finalisation of your application.
- 7 If you experience difficulty to complete this application form, please do not hesitate to contact your personnel office for assistance.

SECTION A: GEHS ENROLMENT			For Official Use	
Are you enrolled with the GEHS?	Yes	No	Yes	No
Printout of GEHS enrolment confirmation form attached	Yes	No	Yes	No

SECTION B: PERSONAL DETAILS			
EMPLOYEE'S DETAILS			
Surname		Initials	
Department		Component	
ID no			
PERSAL No			
Contact No	Work		
	Home		
	Cell		
SPOUSE'S DETAILS			
Surname		Initials	
ID No			
Employer			
Work address			

Contact No	Work		
	Home		
	Cell		

SECTION C: WITHDRAWAL REASON					For official use		
Reference code	Reason to withdraw GEHS: ILSF savings is-	Tick the applicable box	Proof to be attached to this application form	Tick the applicable box if proof is attached		Proof is attached	
				Yes	No	Yes	No
ILSF 1	Retirement or Medically Boarded	<input type="checkbox"/>	Certified copy of employee's letter/request to retire/ Departments letter OR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	Certified copy of medical boarding discharge form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ILSF 2	Death	<input type="checkbox"/>	Certified copy of death certificate AND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	Certified copy of employee's signed nomination of beneficiary form AND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	Bank-stamped account details if the account is different from the employee's salary account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ILSF 3	End of contract (for contract employees)	<input type="checkbox"/>	Certified copy of letter from Department confirming end of contract and non-renewal thereof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ILSF 4	Acquired home ownership	<input type="checkbox"/>	Certified copy of Title Deed; OR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	Certified copy of PTO certificate; OR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	Home loan statement from financial institution.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ILSF 5	Savings required as deposit towards purchasing a home	<input type="checkbox"/>	Original Letter from the Transferring Attorney a copy of the letter from the transferring attorney confirming the purchase of the house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION D: DETAILS OF PROPERTY ACQUIRED FOR HOME OWNERSHIP								
Date of Occupancy								
The full residential address of the home is:	Province:							
	Municipality:							
	Town:							
	Suburb/Village:							
	Street Name & Number Unit Name:							
The home is/ is to be occupied by-	Tick the applicable box	Indicate the number	Proof to be attached to this application form	Tick the applicable box if attached		For Official Use		
				Yes	No	Proof is attached		
Myself			A sworn affidavit			Yes	No	
My spouse								
My dependants								
My spouse & dependants								

SECTION E: CONFIRMATION, ACKNOWLEDGEMENT, UNDERTAKING AND DECLARATION	
I the undersigned-	
<p>(a) Confirm that the information in this application form is accurate and complete;</p> <p>(b) Confirm that by completing this withdraw form I give my consent and permission to the GEHS to verify, profile and cross check my information against other sources;</p> <p>(c) Acknowledge that I could be disqualified from the accessing the accumulated Housing Allowance savings and interest earned thereon should the information provided be false and/or inaccurate in which event the employer may institute disciplinary action and/or lay criminal charges against me; and</p> <p>(d) Undertake to inform the employer should there be any changes in my circumstance.</p>	
Employee (or nominated Beneficiary) Signature	Date

SECTION F: ACKNOWLEDGEMENT OF RECEIPT	
I the undersigned acknowledge that I received the completed application form from the above employee to withdraw the accumulated GEHS savings, subject to interest earned and applicable tax thereon.	
Human Recourse Section Head or delegated authority Signature	Date

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Employee PERSAL/Persol No										
Employee name(s) and surname										
Employee Identity document number										

Employee qualifies to withdraw GEHS: ILSF savings	ILSF 1	ILSF 2	ILSF 3	ILSF 4	ILSF 5	Do not comply
The home is occupied according to the requirements in the Determination on Housing(in the case of new home-owners)	Yes		No		Do not comply	
GEHS ILSF payment to be made to	Employees salary account		Nominated Beneficiary		Do not comply	

Signature of official authorised to approve the withdrawal from the GEHS ILSF	
Name in print	
Designation	
Date	
Capture on PERSAL	