



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 The full value of the accumulated savings, subject to interest earned and applicable tax, can be withdrawn **only** in the event that: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 house-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
 - 3.5 the employee resigns or is dismissed
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.
8. Enrolment Confirmation no longer mandatory for employees who exit (retirement, death, medical boarding, contract expiry, resignation and dismissal).

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
* Enrolment Confirmation no longer mandatory for employees who exit (retirement, death, medical boarding, contract expiry, resignation and dismissal).				

SECTION B: PERSONAL DETAILS			
EMPLOYEE'S DETAILS			
Surname		Initials	
Department		Component	
ID no			
PERSAL No			
Contact No	Work		
	House		
	Cell		

SECTION B: PERSONAL DETAILS CONTINUED			
SPOUSE'S DETAILS			
Surname		Initials	
ID No			
Employer			
Work address			
Contact No	Work		
	House		
	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		Certified copy of employee's letter/request to retire/ Departments letter OR				
			Certified copy of medical boarding discharge form				
ILSF 2	Death		Certified copy of death certificate AND				
			Certified copy of employee's signed nomination of beneficiary form AND				
			Bank-stamped account details of the nominated beneficiaries or late estate				
ILSF 3	End of contract (for contract employees)		Certified copy of letter from Department confirming end of contract and non-renewal thereof				
ILSF 4	Acquired Home-ownership		Certified copy of Title Deed; OR				
			Certified copy of PTO certificate; OR				
			House loan statement from financial institution. OR				
			Letter from municipality confirming ownership status				
ILSF 5	Savings required as deposit towards purchasing a house		Original Letter from the Transferring Attorney / a copy of the letter from the Transferring Attorney confirming the purchase of the house OR				
			Letter from transferring Attorneys indicating that the monies are required to cover outstanding capital sum and /transfer fees.				
ILSF 6	Resignation		Resignation Letter				
ILSF 7	Dismissal		Dismissal Letter				

SECTION D: DETAILS OF PROPERTY ACQUIRED FOR HOME-OWNERSHIP							
Date of Occupancy							
The full residential address of the house is:	Province:						
	Municipality:						
	Town:						
	Suburb/Village:						
	Street Name & Number Unit Name:						
	Municipality:						
The house 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	
						Proof is attached	
				Yes	No	Yes	No
Myself			A sworn affidavit				
My spouse							
Immediate family							

SECTION E: CONFIRMATION, ACKNOWLEDGEMENT, UNDERTAKING AND DECLARATION	
<p>I the undersigned-</p> <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	
<p>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.</p>	
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	ILSF 6	ILSF 7	Do not comply
The house 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		Estate Account			

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