



P.O. Box 4469, MBABANE, ESWATINI
TEL: (+268) 24119000/ TOLLFREE 800 2401/email: info@pspf.co.sz
/pspfeswatini @pspf_eswatini

CERTIFICATE OF EDUCATION

PENSION NUMBER: _____

DECLARATION WITH REGARD TO DEPENDANT BELOW 21 YRS STUDYING/AT SCHOOL

Complete and return to your nearest PUBLIC SERVICE PENSION FUND Office. This certificate must be signed by School Principals or Deputies in elementary schools and relevant heads in higher institutions (not secretaries/teachers/lecturers), and returned to the Fund before 31 August 2022.

STUDENT NUMBER _____

FULL NAMES AND SURNAME _____

DATE OF BIRTH _____ CELL PHONE _____

NATIONAL IDENTITY NUMBER _____

SIGNATURE OF CHILD _____

NAME OF SCHOOL/INSTITUTION _____

SCHOOL/INSTITUTION TELEPHONE _____

PERIOD OF STUDY (month&year)

CURRENT ACADEMIC YEAR: START DATE _____ END DATE _____

NAME OF COURSE CURRENTLY PURSUING _____

PRESENT GRADE /LEVEL/ YEAR OF STUDY _____

ATTENDANCE TYPE (FULL TIME/PART TIME) _____

PRINCIPAL/HEAD OF INSTITUTION (Name&Surname) _____

SIGNATURE _____ DESIGNATION _____

DATE SIGNED _____ / _____ / 2022

INSTITUTION/SCHOOL
STAMP



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CERTIFICATE OF EXISTENCE

PENSION NUMBER: _____

DECLARATION WITH REGARD TO DEPENDANT BELOW 21 YRS NOT AT SCHOOL

Complete and return to your nearest PUBLIC SERVICE PENSION FUND Office. This certificate must be signed by commissioner of Oaths and returned to the Fund before 31 August 2022.

FULL NAMES AND SURNAME _____

DATE OF BIRTH _____ CELL PHONE _____

NATIONAL IDENTITY NUMBER _____

RESIDENTIAL AREA _____

SIGNATURE OF CHILD _____

COMMISSIONER OF OATHS

Certified under Oath and signed before me THAT THE CHILD NAMED ABOVE IS ALIVE.

AT (Place) _____ On (Date) _____

FULL NAME OF COMMISSIONER OF OATHS _____

SIGNATURE OF COMMISSIONER OF OATHS _____

DESIGNATION _____

FORCE NUMBER (if applicable) _____

