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CERTIFICATE OF EDUCATION

PENSION NUMBER: _____

DECLARATION WITH REGARD TO DEPENDANT ABOVE 21 YRS OLD STUDYING FULLTIME

This certificate must be completed and signed by School Principals or Deputies in elementary schools and relevant heads in higher institutions (not secretaries/teachers/lecturers).

NB: ATTACH PREVIOUS YEAR RESULTS.

STUDENT NUMBER _____

FULL NAMES AND SURNAME _____

DATE OF BIRTH _____ CONTACT _____

NATIONAL IDENTITY NUMBER _____

NAME OF SCHOOL/INSTITUTION _____

SCHOOL/INSTITUTION TELEPHONE _____

PERIOD OF STUDY (month&year)

CURRENT ACADEMIC YEAR: START DATE _____ END DATE _____

If Applicable

PREVIOUS ACADEMIC RECORD: START DATE _____ END DATE _____ (attach transcript)

CURRENT PROGRAMME/COURSE STUDIED _____

CURRENT GRADE/LEVEL/YEAR OF STUDY _____

ATTENDANCE TYPE (FULL TIME/PART TIME) _____

PRINCIPAL/HEAD OF INSTITUTION (Name&Surname) _____

SIGNATURE _____ DESIGNATION _____

DATE SIGNED _____ / _____ / _____

