

# PRINCIPAL - 2023

## CERTIFICATE OF EXISTENCE PUBLIC SERVICE PENSIONS FUND

P.O. Box 4469 MBABANE, ESWATINI. TEL: (+268) 2411 9000

TOLL FREE: 800 2401 [f /pspfeswatini](#) [@pspf\\_eswatini](#)

Email: [info@pspf.co.sz](mailto:info@pspf.co.sz)

### DECLARATION WITH REGARD TO PENSIONER

PENSION/REF NUMBER: \_\_\_\_\_

The original of this certificate must be completed and returned to PUBLIC SERVICE PENSIONS FUND. If the certificate is not signed by the pensioner or any of the required information is missing; the certificate is invalid and will not be accepted.

#### Details of the PENSIONER to whom the pension is payable

FULL NAMES & SURNAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ ID/PASSPORTNO. \_\_\_\_\_ (Attach certified copy)

GRADED TAX NO. \_\_\_\_\_ CELL PHONE \_\_\_\_\_ OTHER CONTACT \_\_\_\_\_

RESIDENTIAL AREA \_\_\_\_\_ REGION \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

SIGNATURE OF PENSIONER/THUMB PRINT (in front of the Commissioner of Oaths) \_\_\_\_\_

#### PARTICULARS FOR COMMISSIONER OF OATHS

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

At (Place) \_\_\_\_\_ on (Date) \_\_\_\_\_

SIGNATURE OF COMMISSIONER OF OATHS \_\_\_\_\_

FULL NAME \_\_\_\_\_

DESIGNATION \_\_\_\_\_ FORCE NUMBER (if applicable) \_\_\_\_\_

COMMISSIONER OF  
OATHS  
STAMP

#### BANK ACCOUNT DETAILS

ACCOUNT HOLDER \_\_\_\_\_

NAME OF BANK \_\_\_\_\_

BANK ACCOUNT NUMBER \_\_\_\_\_

BRANCH CODE/ ACCOUNT TYPE \_\_\_\_\_

BANK MANAGER'S SIGNATURE \_\_\_\_\_

(PLEASE ATTACH CURRENT BANK STATEMENT)

BANK  
STAMP

FOR PSPF USE: FORM RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

