**SPOUSE - 2023** 

## **CERTIFICATE OF EXISTENCE PUBLIC SERVICE PENSIONS FUND**

P.O. Box 4469 MBABANE, ESWATINI. **TEL:** (+268) 2411 9000 *TOLL FREE: 800 2401* €/pspfeswatini ≥@pspf\_eswatini *Email: info@pspf.co.sz* 

## DECLARATION WITH REGARD TO SPOUSE

## 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.

DATE OF BIRTI	Details of the SPOUSE to whom the pension is payable		FA		
GRADED TAXNO	FULL NAMES & SURNAME	~ ~	5 A		
RESIDENTIAL AREA REGION   Immediately notify the Pund to stop my pension in the event I're-marry since I will no longer be entitled to any spouse. I undertake to any influy avare that my omission to report remaining an entitlement and a criminal offence of fruid. Should the Fund discover any marry secondation of facts or omissions thereof, legal action can be taken against me to recover the pension in derner of the Mar. Should the Fund discover any marry secondation of facts or omissions thereof, legal action can be taken against me to recover the pension pid after remaining proceedings of the facts or omissions thereof, legal action can be taken against me to recover the pension pid after remaining proceedings of the facts.   SIGNATURE OF SPOUSE/THUMB PRINT (in front of the Commissioner of Ouths) <b>PARTICULARS FOR COMMISSIONER OF OATHS</b> Confign that a signed before me THAT THE PERSON NAMED ABOVE IS ALIVE.   At (Place)   on (Date)   on (Date)   on (Date)   cont Hould PRINT   cont Hould PRINT   cont Hould PRINT   cont Hould PRINT   for Cont Mussioner of OATHS   strand   strand   cont Hould Print   cont Hould Prin	DATE OF BIRTHID/PASSPO	RT NO		V,	_ (Attach certified copy)
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	(PLEASE ATTACH CURRENT BANK STATEMENT)				

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

