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CERTIFICATE OF EDUCATION

PENSION NUMBER: _____

DECLARATION WITH REGARD TO DEPENDANT ABOVE 21 YEARS 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'S RESULTS

STUDENT NUMBER: _____ NAMES AND SURNAME: _____

DATE OF BIRTH: _____ IDENTITY NUMBER: _____

CONTACT #: _____ EMAIL ADDRESS: _____

NAME OF SCHOOL/INSTITUTION: _____

SCHOOL/INSTITUTION TELEPHONE: _____

I _____ hereby confirm that I am studying at the above-named institution on full-time basis. I undertake to immediately notify the Fund to stop my pension in the event I drop out of school, since I will no longer be entitled to annuity in terms of the law. I am fully aware that omission to report not being in attendance fulltime constitutes an unjust enrichment and a criminal offence of fraud. Should the Fund discover any misrepresentation of facts or omission thereof, legal action can be taken against me to recover the pension paid unjustly.

STUDENT'S SIGNATURE _____

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 (FULLTIME/PARTTIME): _____

PRINCIPAL/HEAD OF INSTITUTION (Name & Surname): _____

SIGNATURE: _____ DESIGNATION: _____

DATE SIGNED _____ / _____ / _____

STAMP