CHILD AT SCHOOL – 2024

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 CHILD

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 CHILD to whom the pension is payable

FULL NAMES & SURNAME_____

DATE OF BIRTH_____ID/PASSPORT NO._____ (Attach certified copy)

GRADED TAX NO._____CELL PHONE_____OTHER CONTACT_____

RESIDENTIAL AREA_____REGION_____

SIGNATURE OF CHILD/THUMB PRINT (in front of the Head of Institution) _____

PARTICULARS FOR HEAD OF SCHOOL/INSTITUTION

I (Name & Surname) _____ **CERTIFY THAT THE ABOVE CHILD IS ALIVE**

AND A STUDENT AT (Name of Institution) _____

INSTITUTION ADDRESS_____

INSTITUTION TELEPHONE_____

SIGNATURE OF HEAD OF INSTITUTION_____

INSTITUTION/SCHOOL STAMP

*C*ertified before me at (Place) _____on (Date) _____

BANK ACCOUNT DETAILS

ACCOUNT HOLDER _____

NAME OF BANK _____

BANK ACCOUNT NUMBER_____

BRANCH CODE / ACCOUNT TYPE_____

BANK MANAGER'S SIGNATURE_____

BANK STAMP

(PLEASE ATTACH CURRENT BANK STATEMENT)

FOR PSPF USE: FORM RECEIVED BY: _____ DATE: _____