PRINCIPAL - 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 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)

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.**

COMMISSIONER OF OATHS

STAMP

At (Place) _____on (Date) _____

SIGNATURE OF COMMISSIONER OF OATHS _____

FULL NAME _____

DESIGNATION _____ FORCE NUMBER (if applicable) _____

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: _____