



CERTIFICATE OF EXISTENCE

Name of Fund			
Name of Employer			
PART 1 - TO BE COMPLETED BY PENSIONER / BENEFICIARY			
Full name (Block Letters)		Gender	
Date of birth	Y	Y	Y
	Y	Y	Y
	M	M	D
	D	D	
Identity Number			
Income tax reference no.			
Postal Address		Residential Address	
Code		Code	
Telephone number and code			
Marital status (please mark appropriate box)		Married	Widowed
		Single	Divorced
Spouse's Full Names			
Spouse's Identity Number			
Date of Marriage			
Signature		Date	
Please notify the Administrators of the Fund immediately of any changes to the above particulars			

PART 2 - To be completed by a Justice of the Peace, Commissioner of Oaths, Minister of Religion, Medical Practitioner, Magistrate, Solicitor, Government Administrative Officer, Postmaster or Bank Official			
I certify that the above person appeared before me on			
Name (block letters)		Profession	
Stamp			
Signature		Date	

