AUTHORISED PHOTOCOPY FROM PSPF HQ

LIFE CERTIFICATE

Form LC 2019

Public Service Pensions Fund, Sapele Road, P.O Box 38411, Lusaka Telephone: +260211232707-09/238006/231668

To be filled in by **Pensioner** ☐ or **Spouse** ☐ **NRC:** ☐☐☐☐☐☐/☐☐/☐

DECLARATION OF ENTITLEMENT

PLEASE COMPLETE AND SIGN THIS FORM WITHOUT DELAY AND RETURN IT TO PUBLIC SERVICE PENSIONS FUND AFTER ATTESTATION. IT IS A CONDITION OF PAYMENT THAT THE DECLARATION IS MADE BY YOU AND YOU ARE THEREFORE REQUESTED TO RETURN IT PROMPTLY. CHILDREN AND GAURDIANS ARE NOT ALLOWED TO COMPLETE THIS FORM

Names: (In full block letters):

Residential Address:

Postal Address:

Phone:

E-mail:

Ministry/ Dept: Ministry File No.

PSPF Pension Man No. Date of birth.

Bank Name:

Branch:

Account Number:

I declare that the information I have given is true and is in accordance with the circumstances prevailing at the time of award of a pension benefit.

Signature of Declarant _____ Date ☐☐/☐☐/☐☐☐☐

ATTESTATION

I certify that the above declaration was signed in my presence by the declarant. I am qualified under one of the categories listed below

Signature of Attester _____ Date ☐☐/☐☐/☐☐☐☐

Address

Designation & stamp of office _____

Phone

PLEASE NOTE THAT THE ACCEPTABLE ATTESTATION CATEGORIES ARE SUBJECT TO SCRUTINY AND ANY INCORRECTLY COMPLETED /ATTESTED FORMS WON'T BE HONOURED. PERSONS WHO MAY ATTEST MUST INDICATE THEIR DESIGNATION AND STAMP OF OFFICE OR ANY OTHER IDENTIFYING ATTACHMENT SUCH AS HEADED PAPER, BUSINESS CARD OR COMPLIMENTARY NOTE.

***PSPF Employee*Banker *Doctor *Lawyer *Member of Parliament*District Commissioner*PSPF Partners**

The declaration must not be attested by the declarant or wife, husband, son, daughter or other relative of the declarant.