



KWACHA PENSION TRUST FUND

CERTIFICATION OF ENROLMENT IN SCHOOL

PENSION FUND : KWACHA PENSION TRUST FUND

MEMBER :

MEMBER NUMBER :

(a) To be completed by Guardian

Current Residential Address of Beneficiary:.....

Current Postal Address of Beneficiary:.....

Guardian's Name and Telephone No.

(b) To be completed by the School Head

I..... Headmaster/ Headmistress of

.....School, hereby certify that

(Name).....is registered as a Student 1 at this School,

in Grade Class No :.....

Signature:

Headmaster / Headmistress

Date :

.....
Official School Stamp

Note that this declaration will not be accepted without the official school stamp and signature of the head.

Please return the completed form to the Address below:

Kwacha Pension Trust Fund
Plot No.5534
Corner of Kakolo and Libala Road
Post Net Box 663
Private Bag E891
LUSAKA