



KWACHA PENSION TRUST FUND

CERTIFICATION OF ENROLMENT IN COLLEGE/UNIVERSITY

PENSION FUND : **KWACHA PENSION TRUST FUND**

MEMBER NAME :

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 institution Head.

I..... Principal of

.....College/ University, hereby
certify that

(Name).....is registered as a Student this Institution,
in the.....Year.

Signature:
Principal/

Date :
.....
Official 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
Stand 5534 Kakola Road
Kalundu
Post Net Box 663
Private Bag E891
LUSAKA