



**KWACHA PENSION TRUST FUND**

**CERTIFICATE OF EXISTENCE - PENSIONERS AND OTHER BENEFICIARIES**

PENSION FUND : **KWACHA PENSION TRUST FUND**

MEMBER NAME :

MEMBER NUMBER :

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**(a) To be completed by the Pensioner or Beneficiary**

ID NUMBER :

RESIDENTIAL ADDRESS:.....

POSTAL ADDRESS : .....

TELEPHONE : .....

MOBILE NUMBER : .....

EMAIL ADDRESS : .....

MARRIED / RE-MARRIED (Y/N) : .....

SPOUSE NAME: .....

SPOUSE'S DATE OF BIRTH .....

PENSIONER'S SIGNATURE .....

## STATEMENT OF OTHER ELIGIBLE CHILDREN

NAME	DOB	SCHOOL
1.....	.....	.....
2 .....	.....	.....
3 .....	.....	.....
4 .....	.....	.....
5 .....	.....	.....
6.....	.....	.....

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### (b) To be completed by Commissioner for Oath

I certify that (Name).....is living and appeared

Personally before me on (Date)..... at (Place).....

SIGNATURE:..... TITLE: .....

ADDRESS .....

OFFICIAL STAMP .....

NB : Commissioners of Oaths are available at any Police station, Post Office, Church, Bank or Attorney's Office. No certificate will be accepted without the proper certification by a recognised Commissioner of Oaths.

Please return the completed form to the Address below:

#### LUSAKA

Kwacha Pension Trust Fund  
Plot 5534  
Corner of Libala and Kakola Road  
Postnet Box 663  
Private Bag E891  
**LUSAKA**

#### NDOLA

Bank of Zambia  
Regional Office  
Buteko Avenue  
P.O Box 71511  
**NDOLA**