

CERTIFICATE OF EXISTENCE IN RESPECT OF PENSIONERS

(OTHER THAN FULL TIME STUDENTS)

PENSION FUND : RETIREMENT FUND FOR LC	OCAL AUTHORITIES AND UTILITY SERVICES IN NAMIBIA
MEMBER :	
MEMBER NUMBER :	COMPANY NUMBER :
I.D. NUMBER :	
POSTAL ADDRESS :	_ CONTACT NUMBER
	EMAIL ADDRESS
 I,	(Name in block letters please) hereby certify that
the person mentioned above is living an appeared	d personally before me on (date)
SIGNATURE:	QUALIFICATION:
ADDRESS AND OFFICIAL STAMP	
NB : Commissioners of Oaths are available at any f	Police Station, Post Office, Bank or Attorney's Office. No
certificate will be accepted without the proper ce	rtification by a recognized Commissioner of Oaths.
MARRIED (Y/N):	*GUARDIAN:
SPOUSE:	*GUARDIAN'S ID:
SPOUSE'S DATE OF BIRTH:	
MEMBER'S SIGNATURE:	*GUARDIAN'S SIGNATURE:
DATE OF SIGNATURE:	*to be completed if the pensioner is a minor child.
PLEASE UPDATE ANY OF THE ABOVE DETAILS IF TH	HEY HAVE CHANGED.
PLEASE RETURN TO: Retirement Fund Solutions Namibia (Pty) Ltd Box 80349 Windoek Namibia	

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