

LIFE CERTIFICATE

Industry Number of Pensioner	<input type="text"/>	Participant Number	<input type="text"/>
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PERSONAL DETAILS

Title	Initials	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Identity / Passport Number	<input type="text"/>
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Gender (Please tick block)	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date Of Birth (YYYYMMDD)	<input type="text"/>
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Tel No	Code	Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Cell No	Code	Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

E-Mail	<input type="text"/>
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Postal Address	<input type="text"/>
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Preferred Method of Communication	Written <input type="checkbox"/>	E-Mail <input type="checkbox"/>	SMS <input type="checkbox"/>
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Preferred Method of Communication	Written <input type="checkbox"/>	E-Mail <input type="checkbox"/>	SMS <input type="checkbox"/>
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PENSIONER DECLARATION

Signature of Pensioner

I declare that I am a pensioner of the Fund, and understand that if I fail to return this document, my monthly pension will be suspended, and that a false declaration will lead to legal action by the Fund.

Witness Declaration:

I certify that the pensioner knows and understands the contents of this declaration which was signed before me on

this _____ day of _____ 20 _____.

FULL NAME(S): _____

Tel No	Code	Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Commissioner of Oaths	<input type="checkbox"/>	Bank Manager	<input type="checkbox"/>
Police Officer	<input type="checkbox"/>	Minister of Religion	<input type="checkbox"/>
Lawyer/Solicitor	<input type="checkbox"/>	Fund Official	<input type="checkbox"/>
Post Office Manager/Postmaster	<input type="checkbox"/>		

Stamp of Institution /
Commissioner of Oaths