

PENSION NUMBER: _____

NAME: _____

ADDRESS: _____

CERTIFICATE OF LIFE

(No further payment of pension will be made until this certificate is duly completed and received by the Pensions Office, P.O. Box 1382, HARARE, ZIMBABWE)

I (Give full names) _____ ID Number _____
hereby declare that I am the person whose signature appears below and that I am entitled to a pension from the Zimbabwe Government. Further, that the dependants enumerated below, for whom I am entitled to receive allowances/pension, are alive and being wholly maintained by me.

(Additional declaration by surviving spouse)

Further, that I am the widow of the late _____
and have /have not remarried since my pension commenced.

Address _____

E-mail Address _____ Cell No: _____

BANK DETAILS

1. Name of Bank _____

Branch Code _____

Account No. _____

PLEASE ATTACH THE FOLLOWING:

-Proof of account eg bank statements showing your name and account number.

-Copy of identification
e.g N.I.D or Valid Driver's Licence

DETAILS OF DEPENDANTS

(TO BE COMPLETED ONLY IF IN RECEIPT OF A CHILDREN'S ALLOWANCE/PENSION)

Children's names _____ Date of birth _____

Contact Cell No _____

E-mail Address _____

Pensioner's Signature _____

CERTIFICATE TO BE COMPLETED IN RESPECT OF ALL PENSIONERS

This is to certify that the foregoing declaration and signature were made by the above mentioned in my presence this day and believe that declarant to be the person named herein.

NAME _____

SIGNATURE _____

ADDRESS _____

QUALIFICATION _____

OFFICIAL STAMP:

DATE _____

To be signed by a Justice Of The Peace, Commissioner Of Oaths, District Administrator, Minister of Religion, Magistrate, Manager or Accountant of bank, Traditional Chief, or Member of the Police of the rank of Inspector and above.