PD 1

The Pensions Master
P.O. Box CY 397
Causeway
HARARE



P

Telephone: 703822-5/702821

Fax: 703167

APPLICATION FOR PENSION BENEFITS (OWNRIGHT)

With reference to the award of pension to be made to me, I submit the following information to enable you to effect payment of my pension.

1.	SURNAME (Block letters)			
2.	FIRST NAME(S)			
3.	DATE OF BIRTH			
4.	NATIONAL IDENTIFICATION NUMBER			
5. 6.	SEX MALE FEMALE (Tick where applicable) MINISTRY/DEPARTMENT/PROVINCE			
7.	E.C. No./FORCE No.			
8.	DATE OF RETIREMENT			
9.	CONTACT CELL/PHONE NUMBERS (after retirement)			
10.	CONTACT ADDRESS (after retirement)			
11.	(i) MARITAL STATUS (Married/Single/Divorced/Widowed) (ii) If married, is the marriage: (a) REGISTERED (b) UNREGISTERED/CUSTOMARY (iii) If registered, indicate the type of marriage. [CHAPTER 5:11] (Tick) OR			
	African Marriages Act [CHAPTER 5:07] (Tick)			
	(Attach certified copy of the relevant marriage certificate)			

Name(s) of Spouse(s)	National Identification Number	Home Address/Contact Phone	Spouse's Employer (Address and Phone) (Where applicable)
13 Children under 18 ye	ars (attach certified Birth C	ertificates)	
Name of Child		A	
Name of office		National Identification Number	Date of Birth
Name of Orma			Date of Birth
Traine of Orma			Date of Birth
Traine or orma			Date of Birth
			Date of Birth
14 Commutation			Date of Birth
	(1/3 is the maximum of a full	Number	Date of Birth

15. TO BE COMPLETED BY HEAD OF MINISTRY/DEPARTMENT/PROVINCE/DISTRICT

HUM	AN RESOURCES DEPARTMENT			
1	(Full names)	confirm that the information		
subm	itted above is correct.			
Desig	nation			
Signa	iture	Date Stamp		
For: F	Head of Ministry/Department/Province/District			
Chec	cklist of documents to be submitted			
1. Co	ppy of Ministerial Termination letter			
Orig	inal Bank Account Details (Showing your Name and Account Nu	umber) and Bank Stamp		
Certif	ied copies of:			
Natio	onal Identity Card or Valid Passport			
Marriage Certificate (where applicable)				
Long	Birth Certificates for Children under the age of 19			
NB:	VB: Form should be completed without deletions or alterations and Commissioner of oath stamp should bear the physical address of the Commissioner. Joint Accounts not acceptable.			