

## CERTIFICATE OF EXISTENCE



Omang No.																					You	ır Fund, \	our Seci	ırity, You	r Future	
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	Con	npar	ny N	0.																						
Title		Mr			Mrs	3		Miss	3		Ms	3		D	r		] P	rof			Capt		A	dv		
Surname																										
First Name																										
Date Of Birth			/			/					(dd	/mm	ı/yyy	y)												
					7				_	_				_	_				_	_					_	
Marital Status		Ма	rried	 	<u> </u>		;	Singl	e <u></u>		Widowed   Cohabitation   Divorced															
Contact No.			<u> </u>	<u> </u>	<u> </u>	Ļ		<u> </u>	<u> </u>			<u> </u>	<u> </u>	+	<u> </u>	<u> </u>	_									
Cellphone No.			<u> </u>	<u> </u>	<u> </u>		<u> </u>				<u> </u>											ı				ı
Email	Ш		<u> </u>	<u></u>																						
	Cor	ntact	Add	dres	s 																					
Headman																										
Chief																										
Village Ward																										



## **CONFIRMATION OF EXISTENCE**

This Certificate must be signed in the presence of a witness who must be a Commissioner of Oaths or a person of a similar standing such as a Police Officer, Minister of Religion, District Administrator, Chief/Headman, Court President or Debswana Pension Fund Officer.

The Fund requires the Administrator to establish from time to time whether the Pensioner or Dependant is still alive. Payment of the pension will be terminated or suspended as a result of failure to comply.

, in terms of the Fund Rules.	, he	reby declare th	at I am the lega	al recipient o	f a pension
Signature of Pensioner	Date(d	d/mm/yyyy)	/	/	
Signature of Witness	Date(d	d/mm/yyyy)	/	/	
Name of Witness	Omang No.				
"This is to certify that I have seen the and that he/ she has signed this certichild."	above named and that ficate in my presence.	t I believe him/ He/ she receive	her to be the p es the pension	erson named as a pensior	d above ner/ minor
I certify that declared before me on this da entitled to the pension benefit of the I	y of,20_ Fund.	, Omang that he	Number /she is the pen	sioner and is	<u> </u>
Thus signed and sworn before me; the understands the contents of this affide that the oath which the deponent has that the contents of this affidavit are be	lavit, that the deponent taken in respect there	has no objection	on to taking the	prescribed	
that the contents of this andavit are i	our true and correct.				
			Official St	tamp	
Signature of Commissioner of Oaths					
Name of Commissioner for Oaths	Office		Area		
(Address of Commissioner of Oaths)					
		<del></del>			$\Box$