

CERTIFICATE OF EXISTENCE

System No	<input type="text"/>		
Surname	<input type="text"/>	First Name	<input type="text"/>
ID Number	<input type="text"/>	Date of Birth	<input type="text"/>
Title	<input type="text"/>	Marital Status	<input type="text"/>
Cellphone No.	<input type="text"/>	Contact Address	<input type="text"/>
Email			<input type="text"/>

This Certificate must be signed in the presence of a witness who must be 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.

I, _____
hereby declare that I am the legal recipient of a pension in terms of the Fund Rules.

Signature of Pensioner

Date(dd/mm/yyyy)

"This is to certify that I have seen the above named and that I believe him/her to be the person named above and that he/she has signed this certificate in my presence. He/she receives the pension as a pensioner/minor child".

I certify that _____, declared before me on this _____ day of _____, 20____ that he /she is the pensioner and is entitled to the pension benefit of the Fund.

Thus signed and sworn before me; the deponent having acknowledged that the deponent knows and understands the contents of this affidavit, that the deponent has no objection to taking the prescribed oath, that the oath which the deponent has taken in respect thereof is binding on the deponent's conscience, and that the contents of this affidavit are both true and correct.

Name of Witness / Commissioner

Office

Area

Signature of Witness

Date

Official Stamp