

# CHILD AT SCHOOL – 2026

## CERTIFICATE OF EXISTENCE PUBLIC SERVICE PENSIONS FUND

P.O. Box 4469 MBABANE, ESWATINI. TEL: (+268) 2411 9000

TOLL FREE: 800 2401 [f](#)/pspfeswatini [t](#)@pspf\_eswatini

Email: [info@pspf.co.sz](mailto:info@pspf.co.sz)

### DECLARATION WITH REGARD TO CHILD

PENSION/REF NUMBER: \_\_\_\_\_

The original of this certificate must be completed and returned to PUBLIC SERVICE PENSIONS FUND. If the certificate is not signed by the pensioner or any of the required information is missing; the certificate is invalid and will not be accepted.

#### Details of the CHILD to whom the pension is payable

FULL NAMES & SURNAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ ID/PASSPORT NO. \_\_\_\_\_ (Attach certified copy)

CELL PHONE \_\_\_\_\_ OTHER CONTACTS \_\_\_\_\_

RESIDENTIAL AREA \_\_\_\_\_ REGION \_\_\_\_\_

SIGNATURE OF CHILD/THUMB PRINT (in front of the Head of Institution) \_\_\_\_\_

#### PARTICULARS FOR HEAD OF SCHOOL/INSTITUTION

I (Name & Surname) \_\_\_\_\_ CERTIFY THAT THE ABOVE CHILD IS ALIVE

AND A STUDENT AT (Name of Institution) \_\_\_\_\_

INSTITUTION ADDRESS \_\_\_\_\_

INSTITUTION TELEPHONE \_\_\_\_\_

SIGNATURE OF HEAD OF INSTITUTION \_\_\_\_\_

Certified before me at (Place) \_\_\_\_\_ on (Date) \_\_\_\_\_

INSTITUTION/SCHOOL  
STAMP

#### BANK ACCOUNT DETAILS

ACCOUNT HOLDER \_\_\_\_\_

NAME OF BANK \_\_\_\_\_

BANK ACCOUNT NUMBER \_\_\_\_\_

BRANCH CODE / ACCOUNT TYPE \_\_\_\_\_

BANK MANAGER'S SIGNATURE \_\_\_\_\_

BANK  
STAMP

*(PLEASE ATTACH CURRENT BANK STATEMENT)*

FOR PSPF USE: FORM RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_