



P.O. Box 4469, MBABANE, ESWATINI

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## CERTIFICATE OF EDUCATION

**PENSION NUMBER:** \_\_\_\_\_

### DECLARATION WITH REGARD TO DEPENDANT ABOVE 21 YEARS OLD STUDYING FULLTIME

This certificate must be completed and signed by School Principals or Deputies in elementary schools and relevant Heads in higher institutions (not secretaries/teachers/lecturers).

**NB: ATTACH PREVIOUS YEAR'S RESULTS**

STUDENT NUMBER: \_\_\_\_\_ NAMES AND SURNAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ IDENTITY NUMBER: \_\_\_\_\_

CONTACT #: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

NAME OF SCHOOL/INSTITUTION: \_\_\_\_\_

SCHOOL/INSTITUTION TELEPHONE: \_\_\_\_\_

I \_\_\_\_\_ hereby confirm that I am studying at the above-named institution on full-time basis. I undertake to immediately notify the Fund to stop my pension in the event I drop out of school, since I will no longer be entitled to annuity in terms of the law. I am fully aware that omission to report not being in attendance fulltime constitutes an unjust enrichment and a criminal offence of fraud. Should the Fund discover any misrepresentation of facts or omission thereof, legal action can be taken against me to recover the pension paid unjustly.

STUDENT'S SIGNATURE \_\_\_\_\_

### PERIOD OF STUDY (month & year)

CURRENT ACADEMIC YEAR: START DATE \_\_\_\_\_ END DATE \_\_\_\_\_

### If Applicable

PREVIOUS ACADEMIC RECORD: START DATE \_\_\_\_\_ END DATE \_\_\_\_\_ (attach transcript)

CURRENT PROGRAMME/COURSE STUDIED: \_\_\_\_\_

CURRENT GRADE/LEVEL/YEAR OF STUDY: \_\_\_\_\_

ATTENDANCE TYPE (FULLTIME/PARTTIME): \_\_\_\_\_

PRINCIPAL/HEAD OF INSTITUTION (Name & Surname): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DESIGNATION: \_\_\_\_\_

DATE SIGNED \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

