



CATERING INDUSTRY
PENSION FUND

LIFE CERTIFICATE FORM

Address: 87 Selous Avenue, Harare | **Tel:** +263 8677 234 567 | **Email:** info@cipf.co.zw | **Website:** www.cipf.co.zw

This Certificate must be signed in the presence of a witness who should be a Commissioner of Oaths or a person of similar standing such as a Police Inspector, Bank Manager, Minister of Religion, District Administrator, Doctor, or Headmaster.

MEMBER DETAILS

MEMBER NUMBER.....
NAME OF PENSIONER.....
I.D NUMBER.....
ADDRESS.....
PHONE # (1) PHONE # (2)
EMAIL.....

BANK DETAILS (ZWL)

BANK NAME.....
BRANCH.....
ACCOUNT#.....

BANK DETAILS (USD)

BANK NAME.....
BRANCH.....
ACCOUNT#.....

SIGNATURE OF PENSIONER DATE

This is to certify that I have seen the above-named pensioner and he/she has signed this certificate in my presence.

WITNESS' FULL NAME.....
OCCUPATION.....
WITNESS' SIGNATURE.....
DATE

OFFICIAL STAMP

The Life Certificate must be returned to the Fund by 28th February every year, duly completed and signed, otherwise your pension will be suspended on 31st March.

FOR CIPF USE ONLY

Approved by:..... Signature:..... Date:...../...../20.....