

2019/2020 EVIDENCE OF SURVIVAL FORM

Please complete this form immediately on receipt and e-mail it to webupdate@eppf.co.za. Return the original by post to update your record.

I, the undersigned pensioner,

Pension Number:									Pensioner ID / Passport No.											
Special Needs	Blind				Deaf				Frail				Old Age Home							
Date of Birth:	Y	Y	Y	Y	M	M	D	D	Current Marital Status:	S	M	D	W							
All names in full:									Spouse D.O.B:	Y	Y	Y	Y	M	M	D	D			
Surname:									Date of Marriage	Y	Y	Y	Y	M	M	D	D			
Postal Address:																				
											Postal Code:									
Home Address:																				
											Postal Code:									
Email Address:									Fax Number:											
Telephone No.:									Cellphone No:											
								Tax Reference No.												
<i>Contact details of caregiver / next of kin / alternative contact:</i>								ID/Passport No.												
Name:									Relationship:											
Address																				
Email Address:									Contact No.:											

I do hereby declare that I am the person (Pensioner/Beneficiary) entitled to receive pension and that I am alive on the date stated below.

Signature: _____
Pensioner/Beneficiary

Date: _____

Signed and sworn/affirmed before me at _____ on this _____ day of _____

Signature: _____
Commissioner of Oaths

Name: _____
Commissioner of Oaths

Contact details: _____
Commissioner of Oaths

Stamp of Commissioner
of Oaths / bank official

NB. This certificate will not be accepted without the official stamp of signatory.

PLEASE NOTE: It is a serious offence to make a false statement. Commissioners of Oaths are available at magistrates' offices, attorneys, banks and police stations.

Please submit an original certified copy of your ID or passport together with this EOS form back to the EPPF.