



UNICO CPFA LIMITED
PENSIONERS IDENTITY CERTIFICATE

PENSIONERS (FULL) NAMES: ----- RECORD NO: -----

PENSIONERS RESIDENTIAL ADDRESS: -----

CONTACT ADDRESS: -----

CONTACT TEL. / MOBILE: -----

EMAIL ADDRESS: ----- LAST PLACE OF WORK: -----

BANK BRANCH SORT CODE (9 DIGIT NUMBER): -----

BANK & BRANCH (IF PENSION IS THROUGH BANK): -----

BANK ACCOUNT NUMBER (10 DIGIT NUBAN): -----

PENSIONERS SIGNATURE: ----- DATE: -----

I hereby certify that I saw;

Mr. / Mrs. / Chief ----- personally **ON/AFTER** 1st of January, 20-----
and that his/her signature above was appended in my presence.

Signature: -----

Name of Signatory: -----

Position: -----

Stamp & date: -----

NEXT OF KIN INFORMATION

Next-of-kin Name: -----

Relationship: -----

Residential Address: -----

Phone Number: -----

E-Mail Address: -----

N. B.

This certificate should be signed by a manager in the paying office or the officer at the Bank in which the pension payment is being made, and should be returned to the Administrator on or before 10th of February in the current year; lest the Administrator may be compelled to withhold further payment.