

THE DIRECTOR
KWAZULU-NATAL JOINT MUNICIPAL
PENSION / PROVIDENT FUNDS
P.O. BOX 33
Westwood
3633

Dear Sir

DECLARATION IN RESPECT OF FULL-TIME EDUCATION:

THIS IS TO CERTIFY that Mr/Miss
is receiving **full-time** education at this institution:-

1. ID Number :
2. Date of admission :
3. The above student is in theyear of his/her studies, and the course
extends over a period ofyears.

.....
REGISTRAR / HEADMASTER

STAMP OF OFFICE
.....
.....
.....
.....
Date:

DECLARATION BY STUDENT:

I, born on

hereby declare that I am unmarried, and receive full-time education at the above mentioned institution.

In the event of leaving the learning institution, marriage, taking up employment, I shall immediately notify you.

Signed on day of 20.....

at

.....
SIGNATURE OF STUDENT

.....
SIGNATURE OF WITNESS