



ALL COMMUNICATIONS TO BE ADDRESSED TO THE CEO/PRINCIPAL OFFICER

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5 Derby Place
 University Road
 Westville
 3630

PENSIONER DECLARATION FORM

Member Pension Number :-	Should any information have changed, please complete the rows below
Surname:	
First Names:	
Date of Birth	
Identity Number:	
Tax Reference Number:	
Gender :	
Marital Status :	
Contact Details	
Telephone Number:	
Cell phone Number	
Email address	
Postal Address	
Residential Address	
Spouse's full name	
Spouse's ID Number	
I hereby declare that the particulars stated above are true and correct in all respects	
<p>..... Signature/Thumb Print of Pensioner</p>	<p>Persons before whom the declaration may be subscribed Magistrate, Justice of the Peace, Minister of Religion, Postmaster, Accountant or Chief cashier of a bank, Pensioner's regular medical attendant, Commissioner of Oaths, Bank manager, Commissioned officer of police, Pensions officer of the Fund</p>
<p>Signed and sworn before me at on this day of..... 20.. by the deponent who has acknowledged that he/she knows and understands the contents of this affidavit and he/she has declared that he/she has no objection to taking the oath, that he/she regards the oath as binding on his/her conscience and has uttered the following words, "I swear that the contents of this affidavit are true, so help me God."</p> <p style="text-align: center;">..... Commissioner of Oaths</p> <p>Full Name: Business Address: Capacity: Area:</p>	<p>Conditions :</p> <ol style="list-style-type: none"> 1. The pensioner/widow will be held responsible for any amount overpaid as a result of a false or inaccurate statement. 2. A RECENTLY certified copy pensioner/widows ID Document must be attached to the declaration failing which the declaration will not be accepted. <p>This declaration must be completed and posted to The Director, Natal Joint Municipal Pension Funds, P.O. Box 33, Westwood, 3633 within thirty days of receipt.</p> <p>Please note that fax copies are not accepted, the original declaration must be forwarded to the Fund.</p>