



NJMPF

KwaZulu-Natal Joint Municipal
Pension/Provident Funds

DECLARATION IN RESPECT OF FULL-TIME EDUCATION

This is to certify that Mr/Miss..... is a **full-time** student/learner at this institution/school.....

Identity Number.....

Date of admission.....

Contact number..... Next of kin contact number.....

Email address.....

The above student/learner is in the year of his/her studies, and the course extends over a period of..... years

.....
REGISTRAR/PRINCIPAL

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/school.

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/LEARNER

.....
SIGNATURE OF WITNESS

Your Anchor in Uncertain Storms