

COMMUNICATIONS & ALLIED INDUSTRIES PENSION FUND

The Chief Executive Officer
 CAI Pension Fund
 P.O Box CY1067
 Causeway
HARARE

Dear Sir/Madam

METHOD OF PAYMENT OF PENSIONS – WITHDRAWAL BENEFITS

I acknowledge and understand that:-

- a) No payments will be made to a third party's account.
- b) Banking details have got to be confirmed by my bankers.

FULL NAME _____

DATE OF BIRTH _____ NATIONAL ID NO _____

E.C NO _____ SBU _____ EXIT DATE _____

I wish my pension to be paid to me as follows:-

1.	Name of Bank
	Branch Name :
	Bank Code:
	Account Number:
	Type of Account:

2.	Postal Address:
	
	E-mail Address
	Phone Numbers

DATE

SIGNATURE