

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 PENSION

I acknowledge and understand that:-

- a) No payments will be made to a third party's account.
- b) Attach current Bank Statement.

FULL NAME _____

DATE OF BIRTH _____ NATIONAL ID NO _____

PENSION NO _____

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:
-
- Email Address:
- Phone Numbers:

DATE

SIGNATURE