COMMUNICATIONS AND ALLIED INDUSTRIES PENSION FUND

The Chief Executive Officer CAI Pension Fund P.O Box CY 1067 Causeway HARARE

PARTICULARS OF DEPENDANTS

NAME OF PENSIONER:

MY MARITAL STATUS IS:-

SINGLE MARRIED DIVORCED WIDOW WIDOWER

SPOUSE: (WIFE OR HUSBAND)

NAME: (1)..... DATE OF BIRTH.....

(2)..... DATE OF BIRTH.....

IF YOU ARE MARRIED :

An authenticated copy of your marriage certificate is required.

IF THERE IS NO MARRIAGE CERTIFICATE

An Affidavit is required if you were married by Customary Law. The names of your wife/wives and children must be stated in the Affidavit.

CHILDREN UNDER 19 YEARS OF AGE

NAME	DATE OF BIRTH
	DATE OF BIRTH
	DATE OF BIRTH
	DATE OF BIRTH
Authenticated copies of Long Birth Certificates	DATE OF BIRTH

SIGNATURE

DATE