



RFLAUN

Retirement Fund for Local Authorities
and Utility Services in Namibia

DECLARATION IN RESPECT OF FULL TIME STUDENTS

PENSION FUND: RETIREMENT FUND FOR LOCAL AUTHORITIES AND UTILITY SERVICES IN NAMIBIA

MEMBER : _____

MEMBER NUMBER : _____ COMPANY NUMBER : _____

I.D. NUMBER : _____

POSTAL ADDRESS : _____ CONTACT NUMBER _____

I, _____ (Name in block letters please) hereby
certify that the person mentioned above is registered as a full time* / part time* (*delete what is not applicable)
student at

(Name of School / College / University)

for the academic year ending _____ for the following grade / course / qualification:

STUDENT REGISTRATION NUMBER: _____

SIGNATURE: _____

TITLE: _____

ADDRESS AND _____

OFFICIAL STAMP _____

DATE OF SIGNATURE: _____

STUDENT'S SIGNATURE: _____

DATE OF SIGNATURE: _____

PLEASE ADVISE US IMMEDIATELY SHOULD YOUR STUDIES DISCONTINUE.

In the event of no student number being available, please provide any satisfactory proof of registration.

Note that this declaration will not be accepted without the official stamp of the School, College or University
and the signature of the Headmaster, Faculty Head or Dean.

PLEASE RETURN TO:
Retirement Fund Solutions Namibia (Pty) Ltd
Box 80349
Windoek
Namibia