

DATA VERIFICATION FORM

Kindly complete and return this form with the required information to ntrf@momentum.co.za.

PERSONAL DATA (To be completed by Pensioner)

SURNAME AND FULL NAMES:

DATE OF BIRTH :

ID/PASSPORT NUMBER :

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GENDER :

DATE OF RETIREMENT :

CURRENT MARITAL STATUS:

DATE OF MARRIAGE :

(If applicable)

POSTAL ADDRESS :

TELEPHONE NUMBER(S) : Home (.....) Cell

EMAIL ADDRESS :

SPOUSE'S DETAILS (Only applicable if your spouse is still alive)

SURNAME AND FULL NAMES:

DATE OF BIRTH :

ID/PASSPORT NUMBER :

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SURVIVING CHILDREN

| Surname and Full Name of Child | Date of Birth | Telephone number or email address |
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IF A CHILD IS DEPENDENT DUE TO STUDY OR A MEDICAL DISABILITY, KINDLY INDICATE

- Name of child.
- Date diagnosed as medically disabled.
- Nature and origin of medical disability?