

## THIRD PARTY IDENTIFICATION FORM

| Upon appointment as Administrator to the estate of late Mr/Miss/Mrs/Mal/Alh.   |                                   |
|--|-----------------------------------|
| I  | ,                                 |
| hereby declare that (Mr./Miss/Mrs/Ms/Mal)  |                                   |
| I accept that the identification and information given to the Pension Fund Adminis   | strator is freely given and not   |
| That by this identity card presented, I shall indemnify ARM Pension Managers an result any disputes or loss that may occur in respect of this payment. | d its staff of any liability as a |
| Attach is photocopy of my identity card:   |                                   |
| NATIONAL I.D CARD  |                                   |
| DRIVER'S LICENSE   |                                   |
| INTERNATIONAL PASSPORT   |                                   |
|  | Deponent                          |
| Sworn at the High Court  |                                   |
| Thisday of   |                                   |

(COMMISSIONER FOR OATHS)

BEFORE ME