



Staff Pension Fund



Form A110 Directive For Payment of Pension Payments

Name of Pensioner: EC Number:.....

I request that my pension be paid into my account at:

Name of Bank :

Branch Name:

Account Number:.....

Account Name:.....

Currency:.....

When this has been completed and signed by the Pensioner it should be forwarded without delay to the Pensions Office by:

Email: benefits@zesapf.co.zw

WhatsApp: **0777 953 777**

Address: The Principal Officer
4th Floor Megawatt House
44 Samora Machel Avenue
Corner Samora Machel Avenue & Leopold Takawira Street
P.O. Box 6638
Harare

Contact No:

Signature:

ID Number:

Date:

Privacy Notice

The Fund takes your privacy seriously in accordance with the Cyber and Data Protection Act [Chapter 12:07]. The Fund will only use your personal information to communicate with you on pension related issues, and for pension benefit processing. Your information can only be shared with third parties such as system developers, actuaries and regulators for regulatory issues that may emanate during or after your employment tenure. The Fund's data retention period is 100 years. You have a right to be informed, a right to give or withdraw consent, a right to access, a right to object processing, a right to rectify or erase, a right not to be subjected to automated processing, and a right to complain.