

**NATIONAL INSURANCE ACT, 1965  
LIFE CERTIFICATE**

Pensioner's Name: .....

Country: .....

Pension No. ....

Signature or Mark of Pensioner .....

I hereby certify that M .....

Whose signature or witnessed mark appears above is alive, and to the best of my knowledge and belief, is the person entitled to the payment of the National Insurance Pension.

Signature .....

To be **signed** and **stamped** by  
Notary Public, Minister of Religion,  
Medical Practitioner or the  
Manager of a Bank

Qualification .....

Address .....

Date .....

**PENSIONERS' MAILING ADDRESS:** .....

**THIS CERTIFICATE MUST BE  
COMPLETED AND RETURNED TO  
THE MINISTRY OF LABOUR AND  
SOCIAL SECURITY AS SOON AS  
POSSIBLE AFTER EACH PAYMENT  
TO ENSURE CONTINUITY OF  
PAYMENTS**