

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**