

LOCAL LIFE CERTIFICATE

PENSIONER'S INFORMATION

Name _____ National Registration # _____

Address _____

Signature _____

*Pensioner can present in person at the Treasury Department **OR** the Certificate should be signed by one of the following:*

Attorney-at-Law
Justice of Peace

Senior Public Officer
Minister of Religion

Registered Medical Practitioner
Member of Parliament

CERTIFICATION

Name of Person Certifying: _____

Qualification: _____

Address: _____

Signature _____ Date _____



Official Stamp