



**LIFE CERTIFICATE**

**FOR USE BY AUTHORISED PAYEE & BANK LODGEMENTS ONLY**

DIRECTOR  
NATIONAL INSURANCE OFFICE  
FRANK WALCOTT BUILDING  
CULLODEN ROAD  
ST. MICHAEL. BARBADOS W.I.

NATIONAL REGISTRATION NO. OF PENSIONER

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AREA CODE

TELEPHONE NO.

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I certify that ..... N.I No: .....  
is living at .....  
in the Parish/State/County of ..... Country .....  
Zip Code ..... on the ..... day of ..... 20.....

Email Address .....

Name of Payee (if applicable) .....

**For Death/Survivors Benefit Only**

Name of Deceased ..... Deceased N.I No. ....

Name of person giving Certificate: .....  
(BLOCK LETTERS)

Signature: ..... Date signed: .....

Qualification: .....

Address: .....

\*Signature of Pensioner: .....

**\*In case the pensioner is unable to sign, his/her X mark should be witnessed.**

- TYPE OF PENSION:**
- |   |   |
|---|---|
| <input type="checkbox"/> CONTRIBUTORY     | <input type="checkbox"/> INVALIDITY                   |
| <input type="checkbox"/> NON-CONTRIBUTORY | <input type="checkbox"/> SUGAR WORKERS PROVIDENT FUND |
| <input type="checkbox"/> DEATH/SURVIVORS  | <input type="checkbox"/> DISABLEMENT                  |
- (Tick (☐) box)

To be signed by an Attorney-at Law, Bank Official, Gazetted Police Officer, Justice of Peace, Magistrate, Minister of Religion, Registered Medical Practitioner, Senior Civil Servant, Member of Parliament, Notary Public and submitted once every six months.

**N.B. Please complete fully and send immediately to the National Insurance Office.**

**WARNING: Any person who knowingly makes a false statement or any false representation for this purpose of obtaining a benefit commits an offence punishable by a fine or imprisonment or both.**