



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:** CONTRIBUTORY INVALIDITY
(Tick (☐) box) NON-CONTRIBUTORY SUGAR WORKERS PROVIDENT FUND
 DEATH/SURVIVORS DISABLEMENT

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.