



The Director
National Insurance Office
Culloden Road
St. Michael
Barbados
West Indies

LIFE CERTIFICATE

A life certificate must be submitted June and December of each year.

Failure to provide a life certificate may result in a delay in payment.

Section A PERSONAL DETAILS

National Insurance No.

National Registration No.

Last Name _____

First Name _____

Middle Name _____

Address _____

Date of Birth

Year Month Day

District _____ Parish _____

Postal Code BB

E-mail Address _____

Tel. No.

Cell No.

FOR A SPOUSE RECEIVING SURVIVORS'/DEATH BENEFIT

Have you remarried or cohabitated during this period? Yes No. If Yes, please provide the date below.

Date of marriage/cohabitating (if applicable) _____

Declared this _____ day of _____ 20 _____

Signature or Mark of Claimant

In case the pensioner is unable to sign this document, his/her mark (X) should be witnessed.

Section B CERTIFICATE OF DECLARATION

I, the undersigned, hereby certify that _____

whose signature is affixed on the above was alive on the _____ day of _____ 20 _____

Print Name _____

Signature _____

Profession _____

Date Signed _____

OFFICIAL STAMP

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

INSTRUCTIONS FOR USE OF LIFE CERTIFICATE

The purpose of the Life Certificate is to establish that the beneficiary is alive on the date of this Declaration.

1. All recipients of an Old Age Contributory Pension, Survivors'/Death Benefit and Disablement Benefit must complete this Life Certificate **every six (6) months:** June and December of each year.

2. The Declaration may be signed by:

(a) For Local Pensioners

Any Magistrate, Justice of the Peace, , Bank Manager, Medical Practitioner, Attorney-at-Law, Member of Parliament, Senior Civil Servant, Gazetted Police Officer and Senior Officer of the National Insurance Office.

(b) Overseas pensioners

A member of the Barbados Mission in the Country in which the Beneficiary is a resident, a Notary Public, Bank Official and a Medical Practitioner.

3. Identification produced by the beneficiary should be a valid form of one of the following: Passport, Driver's Licence/Permit or Identification Card.

4. Please note that this form must be fully completed in order for payment to continue.

5. Please note that this form must not be signed by a family member.