

## **NATIONAL INSURANCE BOARD** P.O. Box 322, Melville Street, St. George's, Grenada W.I. Telephone Nos:. (473) 440-3309 Fax: (473) 440-6636 Email: nisgrenada@nisgrenada.org - Web address: www.nisgrenada.org

## **PENSION LIFE CERTIFICATE**

Age Pensioners must have Sections A and C completed. Survivors Pensioners must have Sections A, B and C completed

Section	on A							
OCCIN								
	<u>l</u>			born (Yr.)			certify that I perman	-
	Address:	-			NIS#			
					Phone: No	).:		
	I am receiving: A	ge [ ]; Invalidity	[ ]; Survivors [ ]	; Disablement	[ ]; Death benefit	[]	(tick appropriately)	
	Signature or Ma	rk of Pensioner			Yr Mth	Day		
Section	on B Survivors P	ensioners only						
I	hereby	certify tha	t I _				res	iding at
				have not re	married and I am not	cohabiting	with another man/w	oman since the
				have not remarried and I am not cohabiting with another man/woman since the				
death	of (Name of Decease	;d)			(NIS	# of Decea	ised)	
Section	on C: Witness State	ment (For Witnes:	s only)					
I here	by certify that			whose "mar	k/signature" affixed ab	ove, is livi	ng and to the best o	f my knowledge
and b	elief is the person ent	itled to the pension	payment as indicated	d above.				
	Witness Name:				Tel. No.			
	Witness Title:				E-mail Address:			
	Witness Signatur	e and stamp:						
Witnes	J	·			cipal, Snr. Civil Servant	t, Minister o	of Religion, or Barrist	er-at-Law.
	_				ertificate attested b		-	
Warn			, , , , , , , , , , , , , , , , , , , ,			.,		
		ıly makes any fals		representation fine or impriso	for the purpose of ol	btaining b	enefit commits a c	riminal offence
Pensi	ioners who do not re	turn their Life Ce	rtificates by Decemb	per 31st of every	of year will have the	ir pension	s suspended until	submitted.
For of	fficial use only:							
		Accepted by	i		_			
		Entered by:			Date:			