

## **Overseas Missions**

## LIFE CERTIFICATE FOR GOVERNMENT PENSIONERS

APRIL/OCTOBER.....

All sections must be fully completed at the time of attestation

I	TION "A" - PENSION		
1	Surname		
	Surname		
	First Name		
of	T HSt Walle		OPTIONAL
	Address		
	Address		
	State		Country Finger Print
	d d / m m /	у у у у	am a recipient of a pension from the Government of Trinidad and Tobago
	Date of Birth		
Phor	ne Number:		Email Address:
Decla	ared this day o	of	20 Signature of Providence
SECT	TION "B" – CERTIFIC		Signature of Pensioner
	e attested by a Justice		I hereby certify that
	ry Public, Commissioner		
Medical Practitioner, Clerk of the Peace,			is alive and has been seen by me on
	ger of Bank, Trinidad ons Officer, Commission		He/She produced identification in the form of PP DP
IATIONI.	ons officer, commission	ner or Oatils	NUMBER
			and to the best of my knowledge and belief, is the person entitled to the pension.
		-	and to the best of my knowledge and benef, is the person entitled to the pension.
			Attested to this day of 20
	Name of Attest	or	
	Name of Attest		
	Name of Attest		
	Address of Attest	or	
		or	
Pro	Address of Attest	or	
Pro	Address of Attest	or	