

**NATIONAL INSURANCE AND SOCIAL SECURITY  
OLD AGE/DISABLEMENT/DEATH/INVALIDITY/  
SURVIVORS' PENSION BENEFIT**

**LIFE CERTIFICATE No.**

**NATIONAL INSURANCE NO.**

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**DATE SENT**

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.....  
Signature of N.I.S. Officer

**NATIONAL INSURANCE AND SOCIAL SECURITY ACT, 1969  
LIFE CERTIFICATE OLD AGE/DISABLEMENT/DEATH/INVALIDITY/SURVIVORS' PENSION BENEFIT**

This form is to be completed and returned to the address on the back cover of this book at least one month before the 'DUE DATE' of the last order in this book.

I declare that I was residing\*/\* not residing in Guyana during the period covered by this book.

If absent from Guyana at any time during the currency of this book, please state period of absence: FROM .....TO.....

Signature or Mark of Pensioner.....

Contact number in the event of a query.....

Email Address .....

**Certificate of Witness**

I HEREBY CERTIFY THAT .....of .....

.....  
whose signature or mark appears above is alive and to the best of my knowledge and belief is the person entitled to the payment of OLD AGE/  
DISABLEMENT/DEATH  
/INVALIDITY/SURVIVORS' PENSION.

To be signed by a Justice of the Peace, Commissioner of Oaths, Notary Public, Minister of Religion, Medical Practitioner, Head Teacher, the Manager of a Bank or Branch of a Bank, Designation stamp must be affixed.

**LIFE CERTIFICATE No.**

**LD./PASSPORT NO.**

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**NATIONAL INSURANCE No.**

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Qualification.....

Address.....

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Date.....

.....  
.\*delete where inapplicable

Entered By: .....  
Name of Officer

Date: .....

Verified By: .....  
Name of Officer

Date: .....