

MINISTRY OF FINANCE
LIFE CERTIFICATE

PENSION TYPE
NATIONAL IDENTIFICATION #

Teacher, Public Officer, Parliament etc

I.....of.....
SURNAME OTHER NAME ADDRESS

do hereby declare that.....

of.....
ADDRESS

Telephone #

and signed his name below:

Signature of Pensioner/ Thumb Mark: Date:

Signature of Certifying Officer : Date:

Qualification:

Witness to Thumb Mark 1.

2.

NOTE: *This declaration must be made before an officer of the Guyanese Consulate in the Country in which the Pensioner resides or before a Notary Public, Commissioner of Oaths, Head of Department, Justice of the Peace, Minister of Religion or the Manager of a Bank. The official stamp of the person attesting to the fact of the pensioner being alive must be affixed.*

WARNING: *Any person who knowingly makes statement or false representation for the purpose of obtaining any payment for himself or some other person or furnished any document or information which he knows to be false in a material particular renders himself liable to prosecution.*