# NATIONAL INSURANCE – GUYANA
## LIFE CERTIFICATE – OVERSEAS PENSIONER

**N.I.S. No.**

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**BENEFIT TYPE (S)**

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**I,** _____ - _____ _____

**(SURNAME)** **(OTHER NAMES)**

**of Lot .....City/State.....Zip Code.....Country.....**

**with telephone No. .....E-mail Address .....Fax No. .....**

**do hereby declare that Mr/Mrs/Ms .....**

**of .....Street.....City/State..... .... Zip Code.....Country.....**

**with telephone No. (Home) ..... E-mail Address.....**

**came before me this ..... day of .....and signed his/her name below:**

**Signature of Pensioner ..... Date: .....**

**Name and telephone number of Local person to be contacted in the event of a query:**

**Name: ..... .....** **Telephone number: .....**

**Signature of Authorized Person ..... Date: .....**

**Qualification .....First Secretary.....**

**Place of Issue .....**

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, Medical Practitioner, Head Teacher, Superintendent of Police 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 a false statement or false representation for the purpose of obtaining any payment for himself or some other person under the National Insurance and Social Security Act, 1969 or furnishes any document or information which he knows to be false in a material particular, renders himself liable to prosecution.

**OFFICIAL STAMP**