NATIONAL INSURANCE – GUYANA LIFE CERTIFICATE – OVERSEAS PENSIONER

BENEFIT TYPE (S)
I, (SURNAME) (OTHER NAMES)
of LotStreetCountryCity/StateZip CodeCountry
with telephone NoE-mail AddressFax No
do hereby declare that Mr/Mrs/Ms
of LotStreetCity/StateZip CodeCountry
with telephone No. (Home) E-mail Address
came before me this day of
and signed his/her name below:
Signature of Pensioner
Name and Telephone number of Local person to be contacted in the event of a query:
Name : Telephone Number :
Signature of Authorized Person
Qualification
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

N.I.S. No.

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