



PENSION LIFE CERTIFICATE

Payment of pension will be suspended if this form is not completed and returned promptly to-

St. Ann Municipal Corporation
1 Church Street
St. Ann's Bay P.O.
St. Ann, Jamaica W.I.

Name of Pensioner: _____

Address of Pensioner: _____

Telephone Number: _____

Period: Month Ended: _____

Type of Pensioner: _____

Signature of Pensioner: _____

I hereby certify that _____

(Print name of Pensioner)

Whose signature is affixed is alive and in the best of my knowledge and belief is the person entitled to the payment of pension by the Government of Jamaica.

(Print name of person certifying)

(Signature of person certifying)

(Date)

(Position of person certifying)

Note: (a) Life Pension Certificate must be submitted Quarterly.

(b) Change of address should be notified promptly in writing to the above address.

(c) The Certificate may be signed by any of the following:- Justice of the Peace, Notary Public, Minister of Religion, Medical Practitioners, Head of Teacher, Civil Servant, Bank Manager, Parish Council, Secretary, KSAC Town Clerk.