



ST. CATHERINE MUNICIPAL CORPORATION

PENSIONERS LIFE CERTIFICATE for period ending

Payment will be suspended if this form is NOT completed and returned to the St Catherine Municipal Corporation within the specified time.

Name of Pensioner:.....Telephone #:

Address of Pensioner:.....

..... Email:.....

Signature of Pensioner: Date:

I hereby certify that whose
(Name of Pensioner)
signature is affixed is alive and to the best of my knowledge and belief is the person entitled to
the payment of pension by the St. Catherine Municipal Corporation

.....
(Name of person certifying)

.....
(Signature of person certifying)

.....
(Qualification of person certifying and date)

Note:

- a) The quarter periods end on 31st March, 30th June, 30th September and 31st December
- b) The Corporation should be notified promptly of any change of address.
- c) The Certificate may be signed and stamped by any of the following:-

**Justice of the Peace/Notary Public, Minister of Religion, Medical Practitioner, Head
Teacher/Principal, Civil Servant, Bank Manager, Chief Executive Officer**