



PENSION LIFE CERTIFICATE

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

HANOVER PARISH COUNCIL
P.O. BOX 41
LUCEA
HANOVER

Name of Pensioner:-

Address of Pensioner:-

Period Quarter Ended:-

Signature of Pensioner:-

I hereby certify that:-
(PRINT NAME OF PENSIONER)

Whose 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 Government of Jamaica.

.....
(Print name of person certifying) (Signature of person certifying)

.....
(Date) (Position of person certifying)

- Note:
- (a) The quarter periods ends on 31st March, 30th June, 30th September and 31st December.
 - (b) Change of address should be notified promptly in writing to the address above.
 - (c) The Certificate may be signed by any of the following:- Justice of the Peace, Notary Public, Ministry of religion, Medical Practitioner, Head Teacher, Civil Servant, Bank Manager, Parish Council, Secretary of KSAC Town Clerk.