



**National
Insurance
Corporation**

LIFE CERTIFICATE

1. NAME OF PENSIONER/BENEFICIARY:
SURNAME FIRST NAME MIDDLE NAME

NI NO.#:

2. ADDRESS:

..... TEL. NO.:

3. TYPE OF PENSION: (IF SURVIVORS, COMPLETE LINE 4)

4. NAME OF DECEASED: N.I. #

5. SIGNATURE / MARK OF PENSIONER / BENEFICIARY:

DATE:

I OF
(PLEASE PRINT NAME)

..... TEL. NO.
(PLEASE STATE PROFESSION AND OR OFFICIAL TITLE)

HEREBY CERTIFY THAT
(PLEASE STATE PENSIONER'S / BENEFICIARY'S NAME)

WHOSE SIGNATURE IS AFFIXED ABOVE WAS ALIVE ON THE DAY OF

..... 20.....

.....
SIGNATURE

.....
DATE

*** To be certified by a Notary Royal, Lawyer, Justice of the Peace, Doctor. To affix stamp.
(If overseas to bear the stamp of Consulate/Notary Royal/Public)
(Including address and telephone no.)**

**Head Office: Francis Compton Building, Waterfront, Castries, St. Lucia. Te: 452-2808 Fax: 451-9882
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