

Continuing Eligibility to Receive a Benefit

This form must be validated by a "Sanctioned Autority," i.e., an Officer of the National Insurance Board; Counsel or Attorney of the Supreme Court; a Public Officer above the rank of Assistant Head of Department; an ordained Minister of Religion; a Bank Manager; Magistrate; or Justice of the Peace, who is not a member of the Pensioner's immediate family. In the case of Pensioners who reside outside The Bahamas, a sanctioned authority may also be a Notary Public, a Lawyer, or a Chief of Police.

Pensioner:	Surname		First Name	Other Name(s)
	_			Tel. No:
Address:	Street			City/Settlement
P. O. Box/Area Code		E-mail:		
Benefit:	*	Bank:		Account #
*If the bank account info complete and submit a "D			rent from the o	ne previously supplied, be sure t
CHANGE OF ADDRESS (Complete only if y	ou moved si	nce last verific	ation)
Address:	House /Apt.#		Street	P.O. Box/Area Code:
	Island/State		Country	
Telephone No:	(1	H)		(W)
Telephone No: Verification				
 VERIFICATION Every Pensioner must change of circumsta Any Pensioner who, will be guilty of an object that change dollars, (\$1 A change of circums Although a Pensioner Assistance if his circums 	st notify the Directonces that may affewithout good causoffence and would 00.00). tance may affect aler was awarded Becumstances changes will be suspende	or in writing a ct his right to e, fails to not be liable on s Pensioner's enefit, he can e. d if a pensio	es soon as practors Benefit or to ify the Directors summary conventitlement to be disqualifient for pressure fails to pr	ticable after the occurrence of a the receipt thereof. r of such Change of Circumstand iction to a fine not exceeding o
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Have you remarried?	Yes		No										
Employment Status:	oloyment Status: Employed Self-Employed Unemploy										ployed		
If Employed/Self-emplo	<i>oyed,</i> how n	nuch	do yo	u eai	n We	ekly:	\$		/ N	/lontl	nly: \$_		
Employer's Name:					Addı	ess:					Tel:		
Are you an invalid?	Yes 🗌		No										
Do you have custody o	f any depen	dent	or or	phan	child	ren?	Υe	es 🗌		No			
If "Yes", indicate below	their name	es an	d whe	ether	they'	re att	tendir	ng sch	nool fu	ll-tim	ne:		
Child's Full Name		Date of birth			_		1		Attending school full-time?		Name of School		
		dd	mm	уу	yes	no	yes	no	yes	no			
					<u> </u>								
										_ Tel	:		
Are you an invalid	Yes		No										
D	ECLARATION	N BY	Sanc	TIONE	Ε D Α ι	JTHO	RITY						
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Signature Full Name (Please Print)						Position							
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	Employed/Self-employer's Name: Are you an invalid? Do you have custody of "Yes", indicate below Child's Full Mare the self of the self	Employment Status: Employed, how result Employer's Name: Are you an invalid? Yes Do you have custody of any depend of "Yes", indicate below their name. Child's Full Name Child's Full Name Child's Full Name RIVINORS BENEFIT PARENT/INDUSTRIAL Employment Status: Employed of If Employed/Self-employed, how result Employer's Name: Are you an invalid Yes DECLARATION ocument used to identify Pensione of This is to certify that the reviewed by me on this design of the sign	Employment Status: Employed If Employed/Self-employed, how much Employer's Name: Are you an invalid? Yes Do you have custody of any dependent If "Yes", indicate below their names an Child's Full Name Child's Full Name dd Child's Full Name If Employed/Self-employed, how much Employer's Name: Are you an invalid Yes Declaration by Society of Self-employed Declaration by Self-employed	Have you remarried? Yes No Employment Status: Employed No If Employed/Self-employed, how much do you Employer's Name: No Do you have custody of any dependent or or If "Yes", indicate below their names and who Child's Full Name Date or birth	Have you remarried? Yes No Employment Status: Employed St If Employed/Self-employed, how much do you ear Employer's Name: Are you an invalid? Yes No Do you have custody of any dependent or orphan If "Yes", indicate below their names and whether Child's Full Name Date of birth dd mm yy Add mm yy Employer's Name: Employed St If Employed/Self-employed, how much do you ear Employer's Name: Are you an invalid Yes No DECLARATION BY SANCTIONE Occument used to identify Pensioner: This is to certify that Iterviewed by me on this day of DECLARATION DECLARATI	Employment Status: Employed Self-Er If Employed/Self-employed, how much do you earn We Employer's Name:	Employment Status: Employed Self-Employ Self-Employ Self-Employed Self-Employed Self-Employed Self-Employed Self-Employed Self-Employer's Name: Address: Are you an invalid? Yes No Do you have custody of any dependent or orphan children? If "Yes", indicate below their names and whether they're atterned Date of birth With you? Do you have custody of any dependent or orphan children? If "Yes", indicate below their names and whether they're atterned Date of birth With you? Date of birth Date of birth With you? Date of birth Date o	Employment Status: Employed Self-Employed If Employed/Self-employed, how much do you earn Weekly: \$	Have you remarried? Yes No Employment Status: Employed Self-Employed If Employed/Self-employed, how much do you earn Weekly: \$ Employer's Name: Address: Are you an invalid? Yes No Do you have custody of any dependent or orphan children? Yes If "Yes", indicate below their names and whether they're attending sch Child's Full Name Date of Living Supported Other with you? Date of Living Supported Other with you? Date of Date of Date of Date of Date of Other with you? Date of Date of Date of Date of Date of Date of Other with you? Date of Date of Date of Date of Date of Date of Other with you? Date of Date of Date of Date of Date of Date of Other with you? Date of Date of Date of Date of Date of Other with you? Date of Date of Date of Date of Date of Other with you? Date of Date of Date of Date of Date of Other with you? Date of Date of Date of Date of Date of Other with you? Date of Date of Date of Date of Other with you? Date of Date of Date of Date of Other with you? Date of Date of Date of Other with you? Date of Date of Date of Other with you? Date of Date of Date of Other with you? Date of Date of Date of Other with you? Date of Date of Other you an invalid Date of Other with you? Date of Date of Other with you? Date of Other you an invalid Date of Other with you? Date of Other with you? Date of Other with you? Date of Other you an invalid Date of Ot	Employer Status: Employed Self-Employed Lif Employed/Self-employed, how much do you earn Weekly: \$	Employment Status: Employed Self-Employed Unem If Employed/Self-employed, how much do you earn Weekly: \$ Mont! Employer's Name: Address: Address: Address: Address: No Do you have custody of any dependent or orphan children? Yes No If "Yes", indicate below their names and whether they're attending school full-time?	Employment Status: Employed Self-Employed Unemployed If Employed/Self-employed, how much do you earn Weekly: \$ / Monthly: \$ Monthly:	

NOTE: Any person who, for the purpose of obtaining a Benefit under Section 49(5) Chapter 350 Statute Laws of The Bahamas, either for himself or for some other person, knowingly makes false statements or submits false documents, shall be liable to a fine not exceeding \$2,500 or to imprisonment for up to twelve months or both.

Witness to Mark

Date

Signature or Mark of Pensioner