

IMPORTANT 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.

FOR OFFICIAL USE ONLY

PENSIONER: _____
 Surname First Name Other Name(s)

N.I. #:

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TELEPHONE _____

E.MAIL _____ **ADDRESS:** _____
 Street City /Settlement

P. O. BOX/AREA CODE _____ **CLAIM NUMBER:** _____

BENEFIT: _____ **BANK:** _____ **ACCOUNT #** _____

COMPLETE IF YOU MOVED SINCE YOUR LAST VERIFICATION

ADDRESS: _____
 House /Apt.# Street P.O. Box:

 Island/State Country

TELEPHONE NO. _____ (H) _____ (W)

PLEASE NOTE:

- Every Pensioner must notify the Director in writing as soon as practicable after the occurrence of any change of circumstances that may affect his right to Benefit or to the receipt thereof.
- Any Pensioner who, without good cause, fails to notify the Director of such Change of Circumstances will be guilty of an offence and would be liable on summary conviction to a fine not exceeding one hundred dollars, (\$ 100.00).
- A change of circumstance may affect a Pensioner’s entitlement to Benefit.
- Although a Pensioner was awarded Benefit, he can be disqualified from further receipt of Benefit/Assistance if his circumstances change.
- Recipients of Assistance who relocate abroad for periods of three months or more may lose their Assistance.
- Payment of Benefits will be suspended if a pensioner fails to produce evidence of his continuing eligibility for such payments.

Complete Only The Section (s) That Applies To You

Old Age Non-Contributory Pension & Invalidity Assistance Verification

1. Do you reside in The Bahamas Yes No

If no, how long have you resided outside of The Bahamas? _____

When did you leave The Bahamas? _____ When did you return ? _____

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2. Are you: Employed Self-employed Unemployed

3. State your income from employment, Weekly \$ _____ Monthly \$ _____

State your income from other sources (e.g., rental, interest, etc): Weekly \$ _____ Monthly \$ _____

4. Have remarried? Yes No

5. Are you an invalid? Yes No

6. Do you have custody of any dependent /orphan children? Yes No

If "Yes", indicate their names and whether they're attending school full-time:

Child's Full Name	Date of Birth dd / mm / yy	living with you?		supported by you?		attending school full-time?		Name of School
		Yes	No	Yes	No	Yes	No	

DECLARATION BY SANCTIONED AUTHORITY

Document used to identify Pensioner: _____ # _____

"This is to certify that _____ is alive and has been interviewed by me on this _____ day of _____ 20____"

Office Seal
or
stamp here

Signature Full Name (Please Print) Position

DECLARATION BY PENSIONER

To be signed in the presence of a sanctioned authority

"I _____ do, hereby, declare that all of the Information supplied by me in this certificate is true to the best of my knowledge and belief."

Signature of Mark of Pensioner Witness to Mark Date