

P. O. Box N-7508 Nassau, Bahamas Tel: (242) 502-1500 Fax: 322-2972

CONTINUING ELIGIBILITY TO RECEIVE AN ASSISTANCE

Chapter 350 Statute Law of The Bahamas, 1987

IMPORTANT NOTE:

Any person who, for the purpose of obtaining an Assistance under Section 52(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.

_			S	ECTIONI					
	PENSIONE	ER:							
		Surname	Fir	st Name	Middle Name				
	N.I.#:		TEI	LEPHONE:					
	ADDRESS	Street	et City/Settlement						
	P. O. BOXCLAIM NUMBER:								
	ASSISTAN	SSISTANCE:PAYSTATION:							
				SECTION II					
	HA	VE YOU MO	VED SINC	CE YOUR LAST	TVERIFICATION?				
	ADDRESS								
	ADDRESS:	House /	/Apt.#	Street	P.O. Box:				
		Island/S	State	Country					
	TELEPHO	NE NO		_(H)	(W)				
•	Any Pension of an offence	es that may affect hi ter who, without goo e and would be liable	Director in write Director in write Director in write State of Cause, fails to be on summary of	tance or to the receipt the notify the Director of suconviction to a fine not ex	sch Change of Circumstances will be gui xceeding one hundred dollars (\$ 100.00)				
•	Although a circumstance	Pensioner was awar es change.	rded Assistance,		I from further receipt of Assistance if I				
	Payment of A payments.	Assistance will be sus	spended if a pens		ridence of his continuing eligibility for su				
	Completed o	ertificates should be	submitted to the	e National Insurance Bo	pard within 10 days of receipt of the certification				
		Complete Only Th		pplicable To The Rec	cipient's Assistance Type				
0	ld Age No	on-Contribute	ory Pension	& Invalidity As	ssistance Verification				
				OAN & IVA)					
		de in The Bahamas? ong have you reside		No 🗆					
		eave The Bahamas			return to The Bahamas?				
2.	Are you:	Employed?	☐ Sel	f-employed?	Unemployed?				
3.				Monthly \$, interest, etc.): Weekly \$	Monthly \$				

SECTION IV

Survivors Assistance Spouse & Survivors Assistance Parents Verification (SAS & SAP)

f "No", how long have you resided When did you leave The Bahamas?	outside of The Baha	No [_] amas? When d	lid vou retu	rn to The Bah	amas?				
When did you leave The Bahamas? When did you return to The Bahamas? Are you: Employed? Unemployed? Unemployed? State your income from employment: Weekly: \$ Monthly: State your income from other sources (e.g.rental, interest, dividends, etc): Weekly \$ Monthly \$									
4. Have you remarried? Yes [No No								
5. Are you an invalid? Yes	No								
6. Do you have custody of any Dep if "Yes", name them and indicate tho	se attending school f	full time.		No 🔲					
Survivors Assistance On		CTION ivors A		ce Depend	lent (SAO & SAD)				
Child's Full Name	Date of Birth	Living with you?	Supported by you?		Name of School?				
E Company of the Comp									
	GEO.	THE NAME OF THE PARTY OF THE PA	T/V						
DECLAR	ATION BY SA	TION NCTI		AUTHOR	RITY				
Document used to identify Pension	ner:				_				
"This is to certify that			is alive	and has been	Office Seal				
interviewed by me on this day of 20" Stamp here									
Signature Full Name (Please Print) Position									
	SEC ECLARATIO signed in the pres		PENSI						
I_certificate is true to the best of my kn			e that all of	the information	on supplied by me in this				
Signature or Mark of Pensioner		Witness to	o Mark		Date				

NOTE: A "SANCTIONED AUTHORITY" is 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 has been personally acquainted with the Pensioner for at least two years and who is not a member of the Pensioner's immediate family. In the case of Pensioners who reside outside of the country, a sanctioned authority may also be a Notary Public; a Lawyer, or a Chief of Police.