

LIFE CERTIFICATE

I hereby certify that		
	(name of pensioner)	
(address)		
-	ow, is living, has been seen by m	(date)
to my knowledge and belief, is	the person entitled to the payme	ent.
Signature of Pensioner:		
Dated the Day of	, 20	
Signed:		
Name:		
Designation:		
Address		
the Treasury Department. Pensioners living in Dominica r	Dominica must have forms notari nust have someone of the follow ing to the Treasury Department.	-
Medical Doctor School Principal Justice of Peace	District Nurse Senior Public Officer Pastor/Priest	Attorney Minister of Parliament Police Officer
Forms should be submitted to 30 and before December 31.	to the Treasury Department tw	ice yearly: before June
Treasury Department 1 st Floor, Treasury Building Hillsborough Street Roseau Commonwealth of Dominica Telephone: (767) 266-3311		