



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 Sub. Offices Sir Antoine Ludovic Theodore Building, Cnr. Hospital Road and Theodore Street, Vieux-Fort. Tel: 454-6758 Fax 454-5001 Sir Darnley Alexander Building, Bay Street, Soufriere. Tel 459-7241 Fax 459-5434 Website: www.stlucianis.org E-mail:nis@candw.lc