



SOCIAL SECURITY FUND

SURVIVOR'S PENSION LIFE CERTIFICATE

WARNING : Anyone who makes a false statement or representation of a material fact for use in determining a right to payment under the Social Security Act commits a crime punishable by a fine or imprisonment or both.

Name: Mr. / Mrs / Miss.....

Surname

First Name

Middle Name

Social Security Pension No.

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Are you working ? Yes No

Are you married ? Yes No

Are you over 16 years and in full time education? Yes No

Please provide letter from your school or college as proof of full time attendance

SIGN IN THE PRESENCE OF THE WITNESS WHO MUST BE ONE OF THE FOLLOWING :
Justice of the Peace, Notary Public, Social Security Official, Physician or Clergyman

Signature of Pensioner

I the undersigned hereby certify that Mr. / Mrs. / Miss.

whose signature is affixed above was alive on

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dd mm yy

Name (Please print)

Signature

Profession

Date

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gg mm yy



Official Seal / Stamp