DOMINICA SOCIAL SECURITY
CERTIFICATE OF LIFE AND RECEIPT OF PENSION

To: Mr./Mrs./Ms. _____
Address: _____
_____
_____

Dear Sir/Madam,

In keeping with Section 22(2) of the Social Security (Claims and Payments) Regulations, persons in receipt of benefit are required—from time to time—to furnish documented evidence that they are alive and that the conditions governing their continued entitlement to such benefit are fulfilled. Accordingly, you are asked to complete and return this form to the office of the Dominica Social Security not later than …… .

Failure to return this form within the specified time will result in suspension of the benefit until such evidence is received. It must be noted, further, **that the right to any sum payable shall be lost where it is not obtained within six months of the date on which such sum is receivable** (as per Section 19 (1) of the Claims and Payments Regulations).

Name of Pensioner: _____ Pension Type: _____
S.S. No. /__/__/__/__/__/__/__/__/__/__/__/__/__/ Claim No. _____

Current Address: _____
(If different from above)

I certify that I am alive and the above is true and correct.

_____ _____/_____/_____
Signature or Mark (x) of Pensioner Date

N.B: The Witness, who must not be related to you, could be either of the following persons: Justice of Peace; Notary Public; Lawyer; Police Officer (Sergeant or above); Ordained Minister of Religion; Doctor; Family Nurse Practitioner; School Principal; Licensed Surveyor; Bank or Credit Union Personnel; Social Security Officer. (In the case of persons residing overseas, the document must be notarized prior to being submitted to the DSS office).

DECLARATION OF WITNESS
I have read the contents of this form and certify that the above person signed or made his/her mark "x" in my presence.

_____ _____
Signature of Witness Occupation/Position/Title of Witness

_____ _____/_____/_____
Name of Witness in Block Letters Date & Stamp if available