CHILDREN'S PENSION LIFE CERTIFICATE FORM

CHAPTER 32 OF THE LAWS OF BELIZE

*** - REQUIRED FEILD**

SECTION 1: FOR OFFICIAL USE ONLY

Pension ID number:* _____

Bank Name:* _____

Branch:* _____

Account Number:* _____

SECTION 2: PENSIONER'S INFORMATION

I, _____ _____ _____ _____ **, child of**

*Last Name ** *First Name ** *Second Name* *Third Name*

_____ _____ _____ _____

*Last Name ** *First Name ** *Second Name* *Third Name*

do solemnly declare that I am entitled to the payment of pension.

Date of Birth: * _____ Social Security Number: * _____

Street Address:* _____

City/Town/Village:* _____ Zip Code: _____

District/State:* _____ Contact Number:* _____

Country:* _____ Email: _____

_____ _____

Signature of Pensioner/Mother * *Date **

(Children 16 years and over shall sign)

SECTION 3: Pension Declaration must be witnessed by Head of Department, Justice of the Peace, Minister of Religion, Bank Manager, Notary Public. For pensioners residing abroad, forms can be witnessed by an Ambassador, Consul General, Honorary Consul, or other principal representative of Belize in a foreign country or Notary Public in the residing country.

I _____ hereby certify that Miss/ Mrs. _____ came before me
(Name of Witness) *(Name of Pensioner)*

this _____ day of _____ 20 _____is alive and to the best of my knowledge and belief is the person entitled to the pension payment.

_____ _____ _____

Signature of Witness * ***Official Stamp **** ***Date ****

SECTION 4: APPLICABLE TO CHILDREN 16-21 YEARS

I, Mrs. _____ declare that my child _____ has been receiving continuous full time education since attaining the age of 16 years in accordance with Section 2 (11) (a)(ii) and attached is a certified letter from the educational institution, I am also declaring that my child has not been married or cohabiting since receiving pension in accordance with regulation 16 (2)(c).

Note: In accordance with regulations section 17(1) & (2), failure to comply with these regulations will result in the pension being forfeited and/or be fined.

_____ _____

Signature of Mother * ***Signature of Justice of the Peace ****

_____ _____

Date * ***Date ****

Note: Pensioners are required to sign and submit a Life Certificate in the months of June and December of each year. All submissions should be made with a valid picture and signatory identification card. Failure to submit your Pensioner's Life Certificate Form will result in suspension of pension.

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