



Striving for Social Justice

ST. CHRISTOPHER AND NEVIS SOCIAL SECURITY BOARD

LIFE CERTIFICATE

FOR: BENEFICIARY/PENSIONER RESIDENT OR ABROAD

Name of Insured Person: _____ Social Security No. _____

The following certificate should be completed by a resident Justice of the Peace, Manager of a Bank, Medical Practitioner, an Attorney-at-Law, a Senior Police Officer, Minister of Religion or a Notary Public only if living abroad. (Documents sent to the Social Security Office from outside the Federation **MUST** be notarized).

I, the under signed, certify that _____
(Name of Beneficiary/Pensioner)

who resides at _____

is alive. He/she having appeared before me on (dd/mm/yyyy) _____

and executed the order at the foot hereof in my presence. _____
Signature of Pensioner

Phone Number

I agree for my permanent address to be updated with the address provided on this form Yes ☐ No ☐

TO BE COMPLETED BY THE PERSON GIVING THE CERTIFICATE

Signature of Certifier _____

Certifier's Name (please print) _____

Occupation/Office Title/Stamp _____

Business Address _____

Date signed (dd/mm/yyyy) _____

To: Director of Social Security
St. Kitts and Nevis

Please pay to _____
Name of Representative in St. Kitts/Nevis

of _____ the amount due to me as pension
Address of Representative _____ Select type of Account:- Savings ☐
Chequing ☐

for the preceding month(s) of _____
Name of months for which pension is due

Signature of Pensioner mark or thumb-print is acceptable Date signed (dd/mm/yyyy) _____
if unable to write