



**COMMONWEALTH OF THE BAHAMAS
OFFICIAL PENSION
LIFE AND PAYMENT VERIFICATION CERTIFICATE**

Payee Name _____

Address _____

Telephone No. _____

Bank/Branch _____

Bank Account _____

(if applicable)

Please pay me the sum of \$ _____

per month for either _____ 20 _____

a). the six months period ending _____

b). the month of _____

** (applicable only to persons without Bank Account)

awarded in respect of my former appointment as _____

I solemnly declare that during this period I have received no remuneration from public funds other than pension, except where otherwise authorized by existing regulations.

Payee's Signature _____

Date _____

CERTIFICATION

I hereby certify that _____

affixed above is living and to the best of my knowledge and belief is the person entitled to the payment.

Signature _____

Address _____

Qualification _____

Date _____

Treasurer

To be signed by Head of Department,
Justice of the Peace, Notary Public,
Commissioner for Oaths, Minister of Religion,
Medical Practitioner, PostMaster, Police Officer
of or above the rank of Sergeant of Bank
Official when passing on for payment.

I hereby authorize _____ to collect cheque/s indicated above on my behalf

SIGNATURE OF PENSIONER _____

Kindly note January and July of each year as Verification months