

2024 Life Certificate

I certify that I am the pensioner / have power of attorney for the pensioner named below.

Full name of pensioner:

Address of pensioner:

Full name of attorney
(if applicable):

Signature of pensioner
(or attorney if applicable):

WITNESS DECLARATION

I certify that:

- I have today seen the pensioner named above.
- The pensioner lives at the above address.
- I am not a relative, warden or home help of the pensioner named above.
- I do not live at the same address as the pensioner.
- This form was signed in my presence by the pensioner (or attorney).

Full name of witness:

Address of witness:

Signature of witness:

Date: