

Life Certificate

Pensioner:

First name:	Date of birth:
Last name:	
Address:	
City:	Country:
E-mail:	Telephone no.:

The life certificate is to be signed below by two witnesses confirming that the pensioner is alive.

Witness 1

First name:	Last name:
Address:	City:
Occupation:	
Date:	Signature:

Witness 2

First name:	Last name:
Address:	City:
Occupation:	
Date:	Signature:

This application form can contain sensitive information, so keep safety in mind

Submit the application form via Mínboks or by other secure means.

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