COMMONWEALTH OF THE BAHAMAS PARLIAMENTARY PENSION LIFE AND PAYMENT VERIFICATION CERTIFICATE

Payee Name		
7 10 01 0 00		
Dank i Diditori		
Barner, 1000alite		
(if applicable)	· · · · · · · · · · · · · · · · · · ·	
Ple	ease pay me the sum of \$	per
		20
(a)	awarded in respect of my former F	Parliamentary Service
(b)	awarded as Widow of the former N	Member of Parliament
l soler	nnly declare that during this period I	have received no remuneration from public funds other than pension,
except t	where otherwise authorized by existi	ing regulations.
Pavee's signature		
r ayees signature		
Date		
		·
<u>Certifi</u>	<u>ication</u>	
l hereby	certify that	whose signature is affixed above is living and to
the best	to Spare lamperal and another than a	(III.) (III.
แต กรงเ	t of my knowledge and belief is the p	erson entitied to the payment.
Signature		To be signed by Head of Department, Justice of the Peace,
		Notary Public, Commissioner for Oaths, Minister of Religion
Address Qualification		Medical Practitioner, Postmaster, Police Officer of or above
		the rank of Sergeant or Bank Official when passing on for
Date		·
Treasurer		
I hereby authorize		to collect cheque/s indicated above on my behalf.
	SIGNATURE	OF PENSIONER
	O)O(W)(I O)(L	0. 1 - 1101011-11

Kindly note January and July of each year as Verification months.

COMMONWEALTH OF THE BAHAMAS OFFICIAL PENSION (JUDICIAL) LIFE AND PAYMENT CERFIFICATE

Payee's Name	
Address	,
Address Telephone No. Bank/Propole	·
Daik/Dialicij	
Bank Account No	
•	
riease pay to me the sum of \$	pe
month for the six-month period endin	g20
(a) awarded in respect of my Judicial	Service
(b) awarded as widow of	
I solemnly declare that I am the pe	erson entitled to the payments.
Payee's signature	
Payee's signature	
Date	
CERTIFICATION	
I hereby certify that	whose
	to the best of my knowledge and belief
Is the person entitled to the payments	
A _N	This form must be signed by a
`	Justice of the Peace, Notary Public
	Commissioner for Oaths, Minister
Signature	of Religion, Medical Practitioner,
Address	To 41
Qualification	
Date	passing on for payment.

NOTE:

This form may be submitted, duly notarized, as verification every January and July if pensioner is unable to present himself/herself for same.



COMMONWEALTH OF THE BAHAMAS OFFICIAL PENSION LIFE AND PAYMENT VERIFICATION CERTIFICATE

Payee Name						
Address						
Telephone No.			•			
Bank/Branch		and the state of t	7			
Bank Account						
(if applicable)			··			
	Please pay me the sum of \$	·		•		
	per month for either		, 1	20		
	a). the six months period ending		· · · · · · · · · · · · · · · · · · ·			
	b), the month of					
	**(applicable only to persons without Bar	nk Account)				
	awarded in respect of my former appoint	ment as				
	I solemnly declare that during this period funds other than pension, except where o	I have received natherwise authori	no remuneration zed by existin	on from public g regulations.		
Payee's Signat		<u>. </u>		*		
D:	ate			e °		
	ERTIFICATION hereby certify that		· · · · · · · · · · · · · · · · · · ·			
ffixed above is	living and to the best of my knowledge and	i belief is the per	son entitled to	the payment.		
Signature		Justice of the	l by Head of D Peace, Notar	y Public,		
Address	, in the second	Medical Prac	Commissioner for Oaths, Minister of Religion, – Medical Practioner, PostMaster, Police Officer of or above the rank of Sergeant of Bank – Official when passing on for payment.			
Qualification	1					
Date						
reasurer						
hereby authori	ze	to collect chec	que/s indicated	l above on my behalf		
	SIGNATURE OF PENSIONER					
	Kindly note January and July of eac	ch year as Verifica	ation months			

WORLD WAR 1 VETERANS AND WIDOWS LIFE AND PAYMENT VERIFICATION CERTIFICATE

Payee Nar	me:		
Address: _			
i eichuque	number:		
Bank/Bran	ich		
(if applicat	ount:		
(ii applicat	ne)		
	Please par month for eit	y to me t her:	the sum of \$p
	(:	a) the	six months period ending20
	· ** (k	o) the	month of 20
	**	(applica	month of
`	awarded in re		
			Veteran of the First World War, 1914-1918
		(b)	Widow of the late
			Veteran of the First World War.
		DECL	ARATION (Any person wilfully making a false declaration is liable to prosecution)
		(a)	I solemnly declare that I am entitled to the pension stated.
	Strike out		
	what is not		**************************************
	applicable		Payee's Signature
			Date
		(b)	I solemnly declare that during this period I have not remarried and that I am entitled to the pension stated.
			Payee's Signature
			Date
CERTIFICA	<u>ATION</u>		
I hereby ce of my know	ertify that vledge and be	lief is the	whose signature is affixed above is living and to the best e person entitled to the payment.
			To be signed by Head of Department, Justice of the Peace,
Signature			Notary Public, Commissioner for Oaths, Minister of Religion,
Address			Medical Practitioner, Postmaster, Police Officer of or above the
Qualification	on		rank of Sergeant or Bank Official when passing on for payment.
Data			

Kindly note January and July of each year as verification months.

WIDOWS & ORPHANS

QUALIFICATION FOR PAYMENT OF PENSION

NAME OF WIDOW	7
ADDRESS/TELEPI	IONE CONTACT
# 4 B O M 7 C O Q O C M # O C O O O O D D O C O O O O	~ · · · · · · · · · · · · · · · · · · ·
NAME OF DECEAS	SE
IF REMARRIED, D	ATE OF MARRIAGE
MONTHLY PENSIO	ON PAYMENT
•	not remarried and that the above pension is due to leceased contributor indicated above.
•	DATE