

COMMONWEALTH OF THE BAHAMAS
PARLIAMENTARY 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 the six months period ending _____ 20____.

(a) awarded in respect of my former Parliamentary Service

(b) awarded as Widow of the former Member of Parliament _____

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

Signature _____

Address _____

Qualification _____

Date _____

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 or Bank Official when passing on for
payment.

Treasurer

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.

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

Payee's Name _____
Address _____
Telephone No. _____
Bank/Branch _____
Bank Account No. _____

Please pay to me the sum of \$ _____ per
month for the six-month period ending _____ 20____.

(a) awarded in respect of my Judicial Service

(b) awarded as widow of _____

I solemnly declare that I am the person entitled to the payments.

Payee's signature _____
Date _____

CERTIFICATION

I hereby certify that _____ whose
signature is affixed above is living and to the best of my knowledge and belief
Is the person entitled to the payments.

Signature _____
Address _____
Qualification _____
Date _____

This form must be signed by a
Justice of the Peace, Notary Public
Commissioner for Oaths, Minister
of Religion, Medical Practitioner,
Police of or the rank of
Sergeant of Bank Official when
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 _____

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, Post Master, 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

WORLD WAR 1 VETERANS AND WIDOWS
LIFE AND PAYMENT VERIFICATION CERTIFICATE

Payee Name: _____
Address: _____
Telephone number: _____
Bank/Branch _____
Bank Account: _____
(if applicable)

Please pay to me the sum of \$ _____ per
month for either:

(a) the six months period ending _____ 20__.

** (b) the month of _____ 20__.

** (applicable only to persons without Bank Account)

awarded in respect of:

(a) Veteran of the First World War, 1914-1918

(b) Widow of the late _____
Veteran of the First World War.

DECLARATION (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

CERTIFICATION

I hereby certify that _____ whose signature is affixed above is living and to the best
of my knowledge and belief is the person entitled to the payment.

Signature _____
Address _____
Qualification _____
Date _____

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 or Bank Official when passing on for payment.

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

WIDOWS & ORPHANS

QUALIFICATION FOR PAYMENT OF PENSION

NAME OF WIDOW

ADDRESS/TELEPHONE CONTACT.....

.....

NAME OF DECEASE.....

IF REMARRIED, DATE OF MARRIAGE.....

MONTHLY PENSION PAYMENT.....

I certify that I have not remarried and that the above pension is due to me as widow of the deceased contributor indicated above.

.....

DATE.....