

LIFE CERTIFICATE

WARNING

The declarant should read carefully before making the declaration. It is an offence, liable for prosecution and punishable under the law, for any person to knowingly make a false declaration.

DECLARATION

PART I: CIVIL PENSIONERS

I, Mr/Mrs/Miss _____ DOB _____ hereby declare that

I am entitled to receive pension for the year, **2019** and my Postal Address is: _____

Residential Address is: _____

Phone: _____ Email ID: _____

SIGNATURE: _____ DATE: _____ (to be signed in the presence of one of the certifying officers as in Part IV)

PART II: WIDOWS & 60% DEPENDENT PENSIONERS

That I, the abovenamed, declare that I have not re-married and I am also aware that my pension will cease on remarriage and that I should notify the Chief Accountant of my intention to remarry.

SIGNATURE: _____ DATE: _____

PART III: NEXT-OF-KIN DETAILS

To be completed if your pension fund is being accessed by a next-of-kin (i.e. if a next-of-kin is withdrawing from the bank (ATM) on your behalf every payday.

I declare that I will inform Pension Office immediately upon death of the pensioner and that I will not access any pension funds paid, after the date of death. (It is a criminal offence to withdraw pension funds after the death of a pensioner)

Signature: _____ Name of next-of-kin: _____

Relationship to Pensioner: _____ Telephone contact : _____

CERTIFICATION

PART IV: ANY PERSON SIGNING THE CERTIFICATE MUST AFFIX OFFICIAL STAMP

Person before whom this declaration may be subscribed include a Justice of the Peace, a Notary Public or a Commissioner for Oaths, a Minister of Religion, a Banker, a Magistrate, a Head of Department or other Senior Level Officer of the Civil Service or Armed Forces, a Postmaster or Postmistress, a Barrister and Solicitor, a Registrar-General or a Registrar of Magistrate's Courts.

I hereby certify that the foregoing declaration and signature were made by the abovenamed person in my presence this day, and that I believe the declarant to be the person named herein.

NAME: _____ OFFICE HELD: _____

SIGNATURE: _____ DATE: _____

ADDRESS: _____

IMPORTANT This form must be completed correctly and certified by one of the above mentioned persons. If not done so and not returned by **29th July 2019**, your future pension payments beginning **1st pay August 2019** will be withheld.

The Form should be returned to: Chief Accountant, Pension Section,
Treasury Department, Phone Contact: 322 1171
P.O. Box 2212 322 1175
Government Building Email: mrawalai@economy.gov.fj
Suva, Website: www.economy.gov.fj
Fiji.

All pensioners are required to submit 6 monthly Life Certificate. If this is not received on time pension will be ceased, and will be reactivated after the Life Certificate is received, properly signed certified.