



Social Security Board  
P.O. Box 698  
Road Town, Tortola, VG1110  
Virgin Islands (U.K.)  
Tel:1-284-852-7810 | Fax: 1-284-494-6022  
Email: info@bvissb.vg  
Website: www.bvissb.vg

## AGE PENSION LIFE CERTIFICATE

Full Name of Pensioner: \_\_\_\_\_

Social Security #

Claim Number

Mailing Address

Country	Zip Code

Telephone Number(s)

Email Address

Address if different from above \_\_\_\_\_

I declare that the information I have given on this form is complete and correct. I understand that giving false or misleading information is a serious offense punishable by law.

Pensioner's Signature \_\_\_\_\_ Date \_\_\_\_\_

TO BE CERTIFIED BY ANY OF THE FOLLOWING PERSONS BY TICKING ( ✓ ) THE SPECIFIC PROFESSION:

Notary Public  Justice of Peace  Commissioner of Oaths  Senior Social Security Official  Pastor

I the undersigned hereby certify that \_\_\_\_\_ whose signature is affixed  
(Print Pensioner's Name)

above was alive on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

_____	_____	_____
Printed Name	Signature	Contact Number
_____	_____	
Profession	Date	

**OFFICIAL STAMP/SEAL**