SECTION 1:	PENSIONER'S IN	FORMATION
Name of Pens	sioner	
a a .	(First)	(Middle) (Surname)
Social Securit	ty Number	Phone/Cell Number
Address	House Number and Name of Street	
	(City/Town/Village)	(District)
SECTION 2.		
SECTION 2:	PENSIONER'S DE	CLARATION
Mark an X in	the box next to the stateme	nt that is applicable to you:
	I am residing in Belize.	<i>I have no other means of income or support.</i>
SECTION 3:	Minister of Religion	ns must be witnessed by a Justice of the Peace, Notary Public, n, Senior Human Development Officer, Senior Helpage Officer In or Social Security Officer.
	Minister of Religion Registered Physicia	n, Senior Human Development Officer, Senior Helpage Officer In or Social Security Officer. declare that
	Minister of Religion Registered Physicia	n, Senior Human Development Officer, Senior Helpage Officer in or Social Security Officer.
I,	Minister of Religion Registered Physicia (Name of Witness)	n, Senior Human Development Officer, Senior Helpage Officer In or Social Security Officer. declare that
I, came before n	Minister of Religion Registered Physicia (Name of Witness)	n, Senior Human Development Officer, Senior Helpage Officer on or Social Security Officer. 
I, came before n attesting to the	Minister of Religion Registered Physicia (Name of Witness) ne thisday of e information he/she provid	n, Senior Human Development Officer, Senior Helpage Officer on or Social Security Officer. 
I, came before n attesting to the	Minister of Religion Registered Physicia (Name of Witness) ne thisday of e information he/she provid	n, Senior Human Development Officer, Senior Helpage Officer on or Social Security Officer. 
I, came before n attesting to the <b>Signature of I</b>	Minister of Religion Registered Physicia (Name of Witness) ne this day of e information he/she provid Pensioner	n, Senior Human Development Officer, Senior Helpage Officer on or Social Security Officer. 
I, came before n attesting to the <b>Signature of I</b> <b>Signature of I</b>	Minister of Religion Registered Physicia (Name of Witness) ne this day of e information he/she provid Pensioner	n, Senior Human Development Officer, Senior Helpage Officer on or Social Security Officer. 
I, came before n attesting to the <b>Signature of I</b> <b>Signature of I</b> <b>Position</b>	Minister of Religion Registered Physicia (Name of Witness) ne thisday of e information he/she provid Pensioner Witness	n, Senior Human Development Officer, Senior Helpage Officer m or Social Security Officer. 
came before n attesting to the Signature of I Signature of I Position	Minister of Religion Registered Physicia (Name of Witness) ne this day of e information he/she provid Pensioner Witness	n, Senior Human Development Officer, Senior Helpage Officer m or Social Security Officer. 