



SOCIAL SECURITY BOARD
NON - CONTRIBUTORY PENSIONER'S DECLARATION

SECTION 1: PENSIONER'S INFORMATION

Name of Pensioner _____
(First) (Middle) (Surname)

Social Security Number _____ Phone/Cell Number _____

Address _____
House Number and Name of Street

(City/Town/Village) (District)

SECTION 2: PENSIONER'S DECLARATION

Mark an X in the box next to the statement that is applicable to you:

I am residing in Belize.

I have no other means of income or support.

SECTION 3: Pension Declarations must be witnessed by a Justice of the Peace, Notary Public, Minister of Religion, Senior Human Development Officer, Senior Helpage Officer, Registered Physician or Social Security Officer.

I, _____ declare that _____
(Name of Witness) (Name of Pensioner)

came before me this _____ day of _____ 20____ and signed his/her name below
attesting to the information he/she provided above.

Signature of Pensioner _____ Date _____
DD/MM/YY

Signature of Witness _____ Date _____
DD/MM/YY

Position _____

Address _____
House Number and Name of Street

(City/Town/Village) (District)



Note: Pensioner's Declarations are due in June and December yearly. Your Monthly pension will be temporarily suspended if you fail to submit your declaration in these months.