

SOCIAL SECURITY BOARD NON - CONTRIBUTORY PENSIONER'S DECLARATION

SECTION 1:	PENSIO	ONER'S INF	FORMATION		
Name of Pen	sioner	F: ()	(AC 111)		(Surname)
					, , ,
Social Securi	ity Number		Phone	e/Cell Nu	mber
Address					
. 10001 022	House Number and Na	me of Street			_
	(City/Town/Village)			(D	istrict)
SECTION 2:	PENSIO	ONER'S DE	CLARATION		
Mark an X in	the box next to t	he statemen	it that is applical	ble to you	:
	I am residing in	Belize.	I have i	no other n	neans of income or support.
				11	of meanie or support.
SECTION 2.	Dansias	. Declaration	es must ha witness	ad by a Iu	stica of the Dagge Notam Dublic
SECTION 3:					stice of the Peace, Notary Public, nt Officer, Senior Helpage Officer,
SECTION 3:	Ministe	r of Religion		Developme.	stice of the Peace, Notary Public, nt Officer, Senior Helpage Officer,
SECTION 3:	Ministe	r of Religion	, Senior Human L	Developme.	
	Ministe Register	r of Religion red Physician	, Senior Human I n or Social Securia	Developme ty Officer.	nt Officer, Senior Helpage Officer,
	Ministe Register	r of Religion red Physician	, Senior Human I n or Social Securia	Developme ty Officer.	
I,	Ministe Register	r of Religion red Physician	, Senior Human I n or Social Securio declare that	Developme ty Officer.	nt Officer, Senior Helpage Officer,
I,came before i	Ministe Register (Name of Witness) me this	r of Religion red Physician _day of	, Senior Human I n or Social Securio declare that _	Developme ty Officer.	nt Officer, Senior Helpage Officer,
I,came before 1	Ministe Register	r of Religion red Physician _day of	, Senior Human I n or Social Securio declare that _	Developme ty Officer.	nt Officer, Senior Helpage Officer,
I, came before t attesting to th	Ministe Register (Name of Witness) me this te information he	r of Religion red Physician _day of /she provide	, Senior Human I n or Social Securio declare that above.	Developme ty Officer.	nt Officer, Senior Helpage Officer, (Name of Pensioner) and signed his/her name below
I,came before 1	Ministe Register (Name of Witness) me this te information he	r of Religion red Physician _day of	, Senior Human I n or Social Securio declare that above.	Developme ty Officer.	nt Officer, Senior Helpage Officer, (Name of Pensioner) and signed his/her name below
I, came before to attesting to the Signature of	Ministe Register (Name of Witness) me this ie information he. Pensioner	r of Religion, red Physician _day of /she provide	, Senior Human I n or Social Securio declare that _ ed above.	Developme ty Officer20Date	nt Officer, Senior Helpage Officer, (Name of Pensioner) and signed his/her name below DD/MM/YY
I, came before to attesting to the Signature of	Ministe Register (Name of Witness) me this te information he	r of Religion, red Physician _day of /she provide	, Senior Human I n or Social Securio declare that _ ed above.	Developme ty Officer.	nt Officer, Senior Helpage Officer, (Name of Pensioner) and signed his/her name below DD/MM/YY
I, came before to the standard of Signature of	Ministe Register (Name of Witness) me this e information he. Pensioner Witness	r of Religion red Physician _day of /she provide	e, Senior Human I	Developme ty Officer20Date	nt Officer, Senior Helpage Officer, (Name of Pensioner) and signed his/her name below DD/MM/YY
I,	Ministe Register (Name of Witness) me this re information her Pensioner Witness	r of Religion red Physician day of /she provide	e, Senior Human I	Developme ty Officer20Date	nt Officer, Senior Helpage Officer, (Name of Pensioner) and signed his/her name below DD/MM/YY
I, came before to the standard of Signature of	Ministe Register (Name of Witness) me this re information her Pensioner Witness	r of Religion red Physician day of /she provide	e, Senior Human I	Developme ty Officer20Date	(Name of Pensioner) _ and signed his/her name below e DD/MM/YY
I,	Ministe Register (Name of Witness) me this te information he. Pensioner Witness	r of Religion red Physician day of /she provide	e, Senior Human I	Developme ty Officer20Date	nt Officer, Senior Helpage Officer, (Name of Pensioner) and signed his/her name below DD/MM/YY
I, came before to the stresting to the Signature of Signature of Position Address	Ministe Register (Name of Witness) me this re information her Pensioner Witness	r of Religion red Physician day of /she provide	e, Senior Human I	Developme ty Officer20Date	(Name of Pensioner) _ and signed his/her name below e DD/MM/YY

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