



ANGUILLA

GOVERNMENT OF ANGUILLA

LIFE CERTIFICATE

I, _____

DESIGNATION OF WITNESS

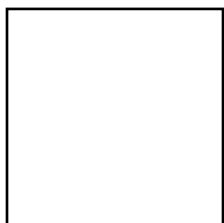
do hereby declare that

FULL NAME OF PENSIONER

came before me on this _____ day of _____ 20____ and signed this Life Certificate.

SIGNATURE OF PENSIONER

ADDRESS OF PENSIONER



Place official stamp here

SIGNATURE OF WITNESS

NOTE: This declaration must be made before a Medical Practitioner, Justice of the Peace, Minister of Religion, Senior Civil Servant, Notary Public, Solicitor or Judge.