



**ACCOUNTANT GENERAL'S DEPARTMENT
PUBLIC BUILDING WEST
KING STREET
KINGSTON, JAMAICA W.I.**

LIFE CERTIFICATE

Name in Full: _____

Address: _____

Office: _____

Nature of Claim (Salary/Pension) _____

Period ending: _____

Signature of Claimant: _____

I hereby certify that Mr./Miss /Mrs. _____

whose signature is affixed above, appeared before me this day.

Name of Person Certifying (**please print**) Signature of Person Certifying

Address

Qualification: _____ Date: _____

Note:

- a. This Certificate should not be completed before the last day of the period for which salary or pension is claimed; quarter periods end on 31st March, 30th June, 30th September and 31st December;
- b. This form may be obtained at the Office of the Crown Agents, London; Accountant General's Department, Jamaica; Jamaica Consulates and High Commissions;
- c. The Certificate may be signed by any of the following: Magistrate, Minister, Notary Public or Banker.