

BAHAMAS HOTEL & ALLIED INDUSTRIES PENSION FUND

WORKERS HOUSE, HAROLD ROAD • P.O. BOX SS-6279 NASSAU, N.P. THE BAHAMAS (242) 322-5123

VERIFICATION FORM

SECTION I

DATE: _____ IDENTIFICATION: _____

PENSIONER: _____
 SURNAME FIRST NAME OTHER NAME(S)

ADDRESS: _____

P.O. BOX: _____ NATIONAL INSURANCE NUMBER: _____

VOUCHER # _____ TELEPHONE NUMBER: _____

SECTION II

DECLARATION BY PENSIONER

"I _____ do, hereby declare that all of the information supplied by me in this certificate is true to the best of my knowledge.

Signature or mark of Pensioner

Julian W. Francis CBE
CHAIRMAN
BHAIPF