



SOCIAL SECURITY BOARD

# SOCIAL SECURITY BOARD NON-CONTRIBUTORY PENSIONER'S DECLARATION FORM

## SECTION 1: PENSIONER'S INFORMATION

Name of Pensioner \_\_\_\_\_  
(First) (Middle) (Surname)

Social Security Number \_\_\_\_\_ Phone/Cell Number \_\_\_\_\_

Current Living Address \_\_\_\_\_  
House Number and Name of Street City/Town/Village (District /Country )

Email Address: \_\_\_\_\_

## 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, Minister of Religion, Senior Human Development Officer, Senior Helpage Officer, Registered Physician or Senior Social Security Officer. (In Belize Only)**

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 \_\_\_\_\_

Witness Current 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.**

**WARNING: ANY PERSON WHO KNOWINGLY MAKES ANY FALSE REPRESENTATION FOR THE PURPOSE OF OBTAINING A BENEFIT COMMITS A CRIMINAL OFFENCE AND IS PUNISHABLE BY A FINE OR IMPRISONMENT.**

## OFFICIAL USE

BRANCH OFFICE

BENEFIT SERVICES, HQ

Date P6 Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DD MM YY

Date P6 Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DD MM YY

Receiving Officer \_\_\_\_\_

Date Entered in PMIS \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DD MM YY

Data Entry Officer \_\_\_\_\_

Revised July 2020

Date Verified in PMIS \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DD MM YY