

Witness's Declaration

Those listed here may act as a witness: Priest, Doctor, University Graduate, Parliament Member, Bank Manager, Public Officer grade not less than a Principal, Social Security District Office Manager or a Police Officer grade not less than an Inspector.

Identity Card Number: * _____
Name: * _____ Surname: * _____
Profession: _____ Medical Council No: _____
(If Applicable)

Contact Details

Address
House Name / Number: _____ *Locality:* _____
Street: _____ *Post Code:* _____
Contact Number: _____ E-mail: _____

I hereby declare that the authorisation of the pensioner or beneficiary and the agent's obligations were signed / marked in my presence.

Rubber Stamp

Name & Surname

Identity Card Number

Signature

Date