

SECTION "E" -DECLARATION AND SIGNATURE OF APPLICANT

1. DECLARATION OF APPLICANT

I hereby declare that to the best of my knowledge and belief the information given is true and correct, and I undertake to notify the National Insurance Board of Trinidad and Tobago of any change that might affect my entitlement to this Benefit.

1.1 SIGNATURE OF CLAIMANT:

DATE:

YYYY				MM		DD			

2. DECLARATION OF WITNESS

(Where Claimant Cannot Sign)

I have read this application to the applicant, who appears to understand the contents and has affixed his/her mark.

2.1 NAME OF WITNESS:

SURNAME OTHER NAME(S)

2.2 ADDRESS OF WITNESS:

2.3 SIGNATURE OF WITNESS:

DATE:

YYYY				MM		DD			

FOR OFFICIAL USE

Documentary Evidence Required to Support Claim.

Boxes are to be Ticked (✓) by the liaison agency in Canada upon receipt of documentary evidence.

1. **PROOF OF AGE**

- (a) Birth Certificate and Affidavit if applicant's name does not appear on the Birth Certificate
- (b) Valid Passport; or
- (c) Electoral Identification Card (Trinidad and Tobago)

2. **CHANGE OF NAME**

- (a) Marriage Certificate (Females Only)
- (b) Deed Poll