



Government of The Republic of Trinidad And Tobago
Ministry of Finance
Treasury Division, Pensions Management Branch

REACTIVATION FORM

EMPL ID #: _____ CONTACT #: _____

NAME OF PENSIONER: _____

DATE OF BIRTH:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| D | D | / | M | M | / | Y | E | A | R |
|---|---|---|---|---|---|---|---|---|---|

ADDRESS OF PENSIONER: _____

DATE OF CESSATION: _____

EID # _____ PP # _____ DP# _____

SIGNATURE OF PENSIONER: _____

REASON FOR NON SUBMISSION OF LIFE CERTIFICATE:

To be attested by a Justice of the Peace, Notary Public, Commissioner of Affidavits, Minister of Religion, Medical Practitioner, Police Officer (not lower than rank of Sergeant), Magistrate, Attorney at Law, Clerk of the Peace, Head or Deputy Head of Government Department, Manager

SEEN BY: _____

EID/DP/PP #: _____

SIGNATURE: _____

DATE: _____ OFFICIAL STAMP:

