GURKHA VETERANS’ ADVICE CENTRE

SELECT GVAC LOCATION

**PENSIONER’S LIFE CERTIFICATE**

Once a year, a Life Certificate is required in order to prove that the pensioner is still alive. Pension payment will stop if a signed Certificate is not received by Gurkha Veterans’ Advice Centre (GVAC) before its expiry date.

**Part 1: To be completed by the Pensioner (Please read notes before completing)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| I, Number: | ENTER A/NO |  | Rank: | SELECT RANK |  | Regiment: | SELECT UNIT |

|  |  |  |
| --- | --- | --- |
| Name: | ENTER FULL NAME |  declare that: |

* I am still alive and entitled to my pension.
* I understand that providing misleading or false information regarding my status on this form could lead to a criminal prosecution.

My address is as follows:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Village/House No: | ENTER VILLAGE/H NO |  | Ward No/Street: | WARD NO/ STREET |
| GP/NP/Town: | GP/NP/TOWN |  | Post Code: | ENTER POST CODE |
| Dist/County: | DIST/ COUNTY |  | Pradesh: | ENTER PRADESH |
| Tel: | ENTER TEL. NO |  | Email:  | ENTER EMAIL |
| Signature: |  |  | Date: | **SELECT DATE** |

**Part 2: To be completed by the Witness (Please read notes before completing)**

The witness can be a serving/retired Gurkha or a staff (Grade E1 and above) employed at AWC/GWAC/ GVAC.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| I, Number: | ENTER A/NO |  | Rank: | SELECT RANK |  | Regiment: | SELECT UNIT |

|  |  |  |
| --- | --- | --- |
| Name: | ENTER FULL NAME | confirm that the |

above pensioner Is alive and he/she has signed the declaration in my presence and my address is:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Village/House No: | ENTER VILLAGE/H NO |  | Ward No/Street: | WARD NO/ STREET |
| GP/NP/Town: | GP/NP/TOWN |  | Post Code: | ENTER POST CODE |
| Dist/County: | DIST/ COUNTY |  | Pradesh: | ENTER PRADESH |
| Tel: | ENTER TEL. NO |  | Email:  | ENTER EMAIL |
| Signature: |  |  | Date: | **SELECT DATE** |

**Notes**:

Please return this form to your pension paying GVAC address. Alternatively, scanned copy of the Life Certificate can be emailed to the relevant GVAC as follows:

* GVAC Kathmandu, Nepal, BFPO 4 Email: BGN-VS-GVAC(K)-GroupMailBox@mod.gov.uk
* GVAC Pokhara, Nepal, BFPO 4 Email: BGN-VS-GVAC(P)-GroupMailBox@mod.gov.uk
* GVAC Dharan, Nepal, BFPO 4 Email: BGN-VS-GVAC(D)-GroupMailBox@mod.gov.uk

**WITNESS DECLARATION**

1. **Persons who qualify to witness this declaration are:**
2. Where the declaration is made in the United Kingdom, Channel Islands or the Isle of Man the

witness must be registered in the United Kingdom as a Parliamentary elector or on the electoral roll of Jersey, Guernsey or Sark, or the register of electors of Alderney or the Isle of Man.

1. Where the declaration is made outside the United Kingdom, Channel Islands or Isled of Man

the following people may witness:

1. A person registered in the UK as a Parliamentary elector.
2. An officer on active or half-pay or pension list of any of Her Majesty’s armed forces.
3. A person who is on the active or pension list of the permanent civil service of any

territory within the British Commonwealth or Republic of Ireland.

1. A member of her Majesty’s Diplomatic Service.
2. An Officer of a bank authorised to sign documents on its behalf.
3. A physician or surgeon registered as such under the laws of the territory where the

 declaration is made.

1. A minister of religion.
2. A graduate of a university within the British Commonwealth or Republic or Ireland.
3. A barrister, solicitor or advocate authorised to practise in the territory where the

 declaration is made.

1. A master of a merchant ship who is a British national.
2. A magistrate.
3. A notary public or other person competent by the laws of the territory where the

 declaration is made to administer oaths.

1. A staff employed at GWAC UK.

**WARNING**: providing misleading of false information regarding the status of a witness on the declaration form could lead to a criminal prosecution.

1. **Member unable to sign the declaration due to incapacity:**
2. If you hold Power of Attorney of a Court of Protection Order for the member and this letter is

addressed to you, please sign the form in the presence of a witness and return it to the office.

1. If you hold Power of Attorney for the member and this letter is addressed to the member,

send the Power of Attorney or certified copy to this office for registration with the signed and witnessed declaration.

1. If you do not hold Power of Attorney for the member, please advise this office in writing.