



**SOCIAL SECURITY BOARD
P.O. BOX 698
ROAD TOWN, TORTOLA
BRITISH VIRGIN ISLANDS**

INVALIDITY CERTIFICATE

NAME:

S.S. No: _____

ADDRESS:

Tel No: _____

This form must be signed in the presence of a witness who must be one of the following: Official or employee of a British Embassy or Consulate, Magistrate, Justice of the Peace, Notary Public, Senior Bank Official, Physician, Clergymen or Senior Social Security official. When you take this form to be witnessed, be sure to take along your passport or other evidence of your identity and return the form to the address above.

1. Has there been any change in your condition since your last report? Yes No
(Doctors certificate must be provided)
2. Did you work for someone or did you own a business during the last six months? Yes No
3. Do you intend to work for someone or work in your own business during the next six months? Yes No

I affirm that all information I give in this document is true.

Print name of Beneficiary

Signature of Beneficiary

Date

New mailing address (if different from above address)

I certify that the above questions were answered in my presence; that I personally know the signer or that satisfactory evidence to identify the signer has been examined by me and that I have no specific knowledge or reason to believe that the signer has not understood the question, or not responded truthfully.

Print Name of Witness

Job Title

Signature of Witness

Date

WARNING:

Anyone who makes or cause to be made a false statement or misrepresentation of a material fact for use in determining a right to payment under the Social Security Ordinance commits a crime punishable by a fine or imprisonment under the laws of the Virgin Islands.