

## Declaration

**I, the undersigned, hereby declare that:**

Name: \_\_\_\_\_

With Social Security Number: \_\_\_\_\_

With the Icelandic Social Security Number (kennitala): \_\_\_\_\_

**Is currently alive and resides at:**

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal code: \_\_\_\_\_

Country of residence: \_\_\_\_\_

And has the following marital status: \_\_\_\_\_

I also confirm that the signature below is the authentic signature of the aforementioned person:

Pensioner's signature: \_\_\_\_\_

Place and date: \_\_\_\_\_

Stamp and signature from a public authority:

\_\_\_\_\_