

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: _____

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:
