



Republic Life Insurance Company Limited

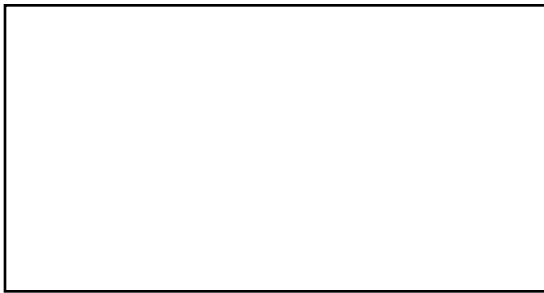
This form, when completed, must be forwarded to: **REPUBLIC LIFE INSURANCE COMPANY LTD.**  
**P.O. BOX 1153**  
**PORT-OF-SPAIN**  
[rlicl@rfl.com](mailto:rlicl@rfl.com)

### CERTIFICATE OF EXISTENCE

Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
 Address: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_  
 \_\_\_\_\_ Email: \_\_\_\_\_  
 \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_ (Government I.D. No./Passport  
 Date: \_\_\_\_\_ No./Driver's Permit No.): \_\_\_\_\_

I certify that the above signature, which was made in my presence, is that of  
Mr./Mrs./Miss \_\_\_\_\_.



Official Stamp of Office

Signature: \_\_\_\_\_  
 Designation: \_\_\_\_\_  
 Date: \_\_\_\_\_

**Note:** Certificate must be signed by any one of the following:

- Justice of the Peace
- Medical Practitioner
- Minister of Religion
- Bank Official