



Date: _____

REGULAR FORCE MEDICAL CONTINUATION FUND LIFE CERTIFICATE / CERTIFICATE OF EXISTANCE

Rank, Initials, Surname : _____
Physical Address : _____

Postal code : _____
VPA number : _____
ID number : _____
Date of Birth : _____

SIGNATURE OF RFMCF MEMBER/DEPENDANT _____

1. WITNESS _____ 2. WITNESS _____

You are kindly requested to check the contents of the certificate, have the certificate certified by a **Commissioner of Oath** and return it to **RFMCF, together with a certified copy (with a date not older than 3 months), of your identity document.**

CERTIFICATION OF LIFE CERTIFICATE / CERTIFICATE OF EXISTANCE

(The Commissioner of Oath must complete this part)

I, _____ the undersigned, hereby certify that the abovementioned member on this _____ day of _____ 20____ is still alive and that he/she has been identified by me.

COMMISSIONER OF OATH

DESIGNATED OFFICIAL STAMP

