**Proof of existence certificate**

|  |  |
| --- | --- |
| Full name |  |
|  |  |
| Address |  |
|  |  |
| Telephone number |  |
|  |  |
| Date of birth |  |
|  |  |
| Email address |  |
|  |  |
| National Insurance Number |  |

**I certify that I am the member named above and my address is as shown.**

|  |  |
| --- | --- |
| Signed |  |
| Dated |  |

Please return this form to:

Pension Services, West Northants Council, The Guildhall, St Giles Square, Northampton, NN1 1DE

Or scan and email to:

penprojects@westnorthants.gov.uk

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