



GOVERNMENT OF BERMUDA
Ministry of Finance

Department of Social Insurance

LETTER OF RESIDENCY

TO: The Director
 Department of Social Insurance

RE: _____

I CONFIRM that I have known the above named person to have lived in Bermuda for the last 10 years, that is, between _____, 20____, and _____, 20.

I FURTHER CONFIRM that I am not a relative of the above-named person.

Name: _____

Address: _____

Tel. No. _____

I DECLARE that the information I have given above is true.

Signed: _____

Date: _____