



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 _____, _____
and _____, _____ .

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

Name: _____

Address: _____

Telephone No. _____

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

Signed : _____

Date: _____