

PARTICULARS OF WITNESS TO MARK (Where Claimant/Third Party Cannot Sign)

Name:
Surname Other Name(s)

Address:
Street

City/District/County

Occupation:

Valid Identification Document: (Tick appropriate box)

Electoral Identification Card Passport Driver's Permit Number:

 Signature of Witness to Mark

Date :
y y y y m m d d

SECTION "B" - TO BE COMPLETED BY A REGISTERED MEDICAL PRACTITIONER OR MIDWIFE

CERTIFICATE OF EXPECTED/ACTUAL DELIVERY

To be completed not earlier than the 11th week prior to the expected date of delivery.

I hereby certify that Miss/Mrs.
Surname Other Name(s)

was examined by me on
y y y y m m d d Expected/Actual date of delivery is/was
y y y y m m d d

Is Pregnancy at least 26 weeks old at the Date of Examination? Yes No

OR

Did Delivery result in the birth of a living child or children Yes No

If "Yes"

(i) State number of children _____
Words and Figures

Name of Medical Practitioner/Midwife:
Surname Other Name(s)

Office Address of Medical Practitioner/Midwife:
Street

City/District/County

Registration Number of Medical Practitioner/Midwife: Telephone No.: -

I declare that to the best of my knowledge and belief the information given by me is true and correct and I am aware that if there is any statement in this declaration which is false in fact or which I know or believe to be false or do not believe to be true, I am liable on summary conviction to a fine of three thousand dollars (\$3,000.00) and to imprisonment for two years in accordance with Sect 33, NI Act Chap 32:01.

 Signature of Medical Practitioner/Midwife

STAMP

Date :
y y y y m m d d

INSTRUCTIONS FOR COMPLETION OF QUESTIONS 4(a) TO 6

- (i) (a) In completing Question 4(a) refer to expected/actual date of delivery in SECTION "B".
- (b) Check 6 weeks before the expected/actual week of delivery and enter date at 4 (b).
- (c) Complete item 5, Table IA, columns (a), (b), (c) for the 13 weeks period prior to the week established at 4 (b).
- (ii) In completing Table IA determine weekly earnings as follows:
 - (a) Where pay frequency is monthly: $\frac{\text{Monthly Earnings} \times 3}{13}$ e.g. $\frac{\$800 \times 3}{13} = \184.62 (weekly) OR;
 - (b) Where pay frequency is fortnightly: $\frac{\text{Fortnightly Earnings}}{2}$ e.g. $\frac{\$200}{2} = \100.00 (weekly)

SECTION "C" - TO BE COMPLETED BY EMPLOYER

1. Employer's Name:

Registration No.: Telephone No.: -

*2. This is to certify that Miss/Mrs Surname Other Name(s)

has been absent from work effective TO on maternity leave.

y y y y m m d d
y y y y m m d d

*Please refer to Table of Absence, IB, at question (6).

3. Applicant is still employed no longer employed

Date of Separation

y y y y m m d d

If "No Longer Employed" state reason(s). _____

4. (a) Expected Week of delivery begins Monday:

y y y y m m d d

(b) Sixth week before expected date of delivery begins Monday:

y y y y m m d d

6. **TABLE IB**

| PERIOD OF ABSENCE | | | | | | |
|-------------------|------|----|----|------|----|----|
| TYPE OF LEAVE | FROM | | | TO | | |
| | yyyy | mm | dd | yyyy | mm | dd |
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5. **TABLE IA**
WEEKLY RATE OF PAY

State Weekly Rates of Pay for the 13 week period BEFORE the week as calculated at 4(b) in section C.

| (a) WK NO. | (b) Date | | | (c) Actual Earnings | |
|------------------|-------------|----|----|------------------------|---|
| | yyyy | mm | dd | \$ | ¢ |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |
| 11 | | | | | |
| 12 | | | | | |
| 13 | | | | | |
| Total | | | | | |

SECTION "C" - TO BE COMPLETED BY EMPLOYER (Cont'd)

EMPLOYER'S DECLARATION

I declare that to the best of my knowledge and belief the information given by me is true and correct and I am aware that if there is any statement in this declaration which is false in fact or which I know or believe to be false or do not believe to be true, I am liable on summary conviction to a fine of three thousand dollars (\$3,000.00) and to imprisonment for two years in accordance with Sect 33, NI Act Chap 32:01.

Name:

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Surname Other Name(s)

Position:

| | | | | | | | | | | | | | | | | | | | |
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Signature

COMPANY
STAMP
(If any)

Date :

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SECTION "D" - FOR OFFICIAL USE

APPLICATION RECEIVED BY:

Name:

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Surname Other Name(s)

Signature of Service Centre Staff

SERVICE CENTRE
STAMP

Date :

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PART I - CUSTOMER SERVICE REPRESENTATIVE

- 1. Name, N.I. No. and Date of Birth Confirmed and Updated (If Necessary) On I.A. System? Yes No
- 2. Registration Record Complete? (If "No" complete forms NI 165/NI 182 as applicable) Yes No
- 3. Check for Duplicate Registration (SIRF file included)? (Record Result on Minute Sheet Yes No
- 4. Claim History Viewed?
(If yes, record findings here.) _____
(Use minute sheet if this space is inadequate.) Yes No
- 5. Application Completed and Accepted for Processing? Yes No
- 6. Application Recorded? (Print and attach Claim Profile) Yes No
- 7. Contribution Recorded and Transferred? (Print and attach Audit Report) Yes No
- 8. Application Processed? Yes No

Customer Service Representative

Date :

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