CARICOM AGREEMENT ON SOCIAL SECURITY CARICOM 1

APPLICATION FOR RETIREMENT/AGE PENSION

Warning: Any person who knowingly makes a false statement or false representation for the purpose of obtaining any payment for himself or for some other person, or produces or furnishes any document or information which he knows to be false in a material particular, renders himself liable to prosecution.

Please **NOTE** the Documentary Evidence Requirements at the back of this form.

SECTION "A" - PARTICULA	ARS OF CLAIMANT								
1. COUNTRY OF PERMANENT RESIDENCE	E:								
2.NAME:	SURNAME								
	SURNAME	OTHER NAME(S)							
3. NAME AT BIRTH IF DIFFERENT:	SURNAME	OTHER NAME(S)							
4. ADDRESS:	<u> </u>								
5a. NATIONAL INSURANCE/SOCIAL SECURITY NUMBER *	5b. COUNTRY	6. COUNTRY OF BIRTH:							
	·								
]	7. DATE OF BIRTH:							
		YYYY MM DD							
5c. NATIONAL REGISTRATION NUMBER		8. TELEPHONE NUMBER							
(WHERE APPLICABLE)									
5d. WORKS NUMBER (WHERE APPLICABLE	E)	9. SEX: FEMALE MALE							
10. FATHER'S NAME:									
	SURNAME	OTHER NAME(S)							
11. MOTHER'S MAIDEN NAME:	SURNAME								
		OTHER NAME(S)							
12. MARITAL STATUS: 1 (TICK APPROPRIATE BOX)	2.1 SINGLE 12.2	MARRIED 12.3 WIDOWED							
	2.4 DIVORCED 12.5	COMMON-LAW							
SECTION "B" - PARTICULA	RS OF SPOUSE								
13. NAME OF SPOUSE:									
	NAME	OTHER NAME(S)							
14. ADDRESS:	(STREET)								
(CITY/DISTRICT/COL	JNTY)	(COUNTRY)							

* NOTE: Applicants may submit additional information on a separate sheet if necessary.

SECTION "B" - PARTICULAR	S OF SP	ous	SE (COI	NT'	D)									
15a. NATIONAL INSURANCE/SOCIAL SECURITY NUMBER *		15b. (COUN	TRY						onal Ri Ere App			ION NU	MBE	R
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							-			RKS NUN ERE APP					
		<u> </u>					-					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
16. DATE OF MARRIAGE/ 17. DATE OF BIRTH OF SPOUSE:															
·····	YYYY MM DD YYYY MM DD SECTION "C" - DETAILS OF WORK DONE IN CARICOM COUNTRIES														
		·····													
18a. EMPLOYMENT RECORD IN CARICOM (COUNTRIES.	(Use :	additi	onal s	heets	if neo	:05581	y).		<u>_</u>					
				EMPLOYER REGISTRA NUMBER (If known)				ATION PERIOD OF EMPLOYME FROM					о		
							,		,	YYY	мм	DD	YYYY	м	1
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							$\left \right $								
				+	$\left \right $				$\left \right $						
			·												
18b. AS A SELF EMPLOYED PERSON															
TYPE OF EMPLOYMENT	PERIOD WORKED				COUNTRY										
	FRO	M		I		то									
	YYYY	мм	DD	YY	ΥŸ	мм	DD								
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19. Are you still employed? YES NO Please state the name and address of your employer/last employer: 20. EMPLOYER'S NAME: 21. EMPLOYER'S ADDRESS: (CITY/DISTRICT/COUNTY) (COUNTRY) 22. Have you ever applied for a Retirement Benefit from a Caricom country? YES 24. Are you in receipt of any Benefit listed below? (Please tick) 25. COUNTRY 24.1 TYPE OF BENEFIT 24.2 INVALIDITY BENEFIT 24.3 SICKNESS BENEFIT 24.4 EMPLOYMENT INJURY BENEFIT 24.5 SURVIVORS BENEFIT 24.6 SURVIVORS BENEFIT 24.7 SURVIVORS BENEFIT 24.8 SURVIVORS BENEFIT 25. COUNTRY 26. Are you a Voluntary Contributor? 27. COUNTRY 28. Are you a Voluntary Contributor? 27. COUNTRY YES NO
21. EMPLOYER'S
ADDRESS:
(COUNTRY) 22. Have you ever applied for a Retirement Benefit from a Caricom country? YES NO 23. If "yes" please state country(ies)
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22. Have you ever applied for a Retirement Benefit from a Caricom country? YES NO 23. If "yes" please state country(ies)
24. Are you in receipt of any Benefit listed below? (Please tick) 25. COUNTRY 24.1 TYPE OF BENEFIT
24.1 TYPE OF BENEFIT 24.2 INVALIDITY BENEFIT 24.3 SICKNESS BENEFIT 24.4 EMPLOYMENT INJURY BENEFIT 24.5 SURVIVORS BENEFIT 24.5 Voluntary Contributor? 26. Are you a Voluntary Contributor? 27. COUNTRY YES
242 INVALIDITY BENEFIT 24.3 SICKNESS BENEFIT 24.4 EMPLOYMENT INJURY BENEFIT 24.5 SURVIVORS BENEFIT 24.5 SURVIVORS BENEFIT 26. Are you a Voluntary Contributor? 27. COUNTRY YES
24.3 SICKNESS BENEFIT 24.4 EMPLOYMENT INJURY BENEFIT 24.5 SURVIVORS BENEFIT 24.5 SURVIVORS BENEFIT 26. Are you a Voluntary Contributor? 27. COUNTRY YES
24.4 EMPLOYMENT INJURY BENEFIT 24.5 SURVIVORS BENEFIT 26. Are you a Voluntary Contributor? YES NO
24.5 SURVIVORS BENEFIT 26. Are you a Voluntary Contributor? 27. COUNTRY YES
26. Are you a Voluntary Contributor? 27. COUNTRY
YES NO
NO
28. DETAILS OF DEPENDENTS:
NAME RELATIONSHIP TO DATE OF BIRTH ADDRESS COUNTRY

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SECTION "C" DETAILS OF WORK DONE IN CARICOM COUNTRIES (CONT'D)

29.

AUTHORISATION TO TRANSMIT PERSONAL INFORMATION

For the purpose of this application made under the Caricom Agreement on Social Security, I authorise the social security organisations to furnish to this National Insurance System any information in its possession which relates or could relate, to this application for benefits.

30. DECLARATION OF APPLICANT	31. DECLARATION OF WITNESS (Where Claimant Cannot Sign)						
I hereby declare that to the best of my knowledge and belief the information given is true and correct, and I undertake to notify the National Insurance System of any change that might affect my entitlement to this benefit.	I have read this application to the applicant, who appears to understand the contents and has affixed his/her mark. To be witnessed by Minister of Religion, J.P, Notary Public, Lawyer, Permanent Secretary, Bank Manager, Senior Official of Social Security Scheme, with accompanying stamp. 31.1 NAME OF WITNESS:						
30.1 SIGNATURE OF CLAIMANT	SURNAME OTHER NAME 31.2 ADDRESS OF WITNESS:						
DATE:	31.3 SIGNATURE OF WITNESS: DATE:						
32. (FOR OFFICIAL USE)							
32.1 I hereby declare that I have examined and certified the docume	ents submitted by the claimant with the application form.						
NAME OF RECEIVINGSURNAM	E OTHER NAME						
Signature of Receiving Officer							
DATE:							

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DOCUMENTARY EVIDENCE REQUIRED

PROOF OF AGE

a) Certified Birth Certificate and Affidavit if applicant's name does not appear on the Birth Certificate or

- b) Valid Passport or;
- c) Electoral Identification Card

Where applicable.

CHANGE OF NAME

- a) Marriage Certificate
- b) Deed Poll

OTHER

a) Letter of Co-habitation

This form should be submitted to the National Insurance Office in the country in which you reside.

ACKNOWLEDGEMENT OF CLAIM

Dear Sir/Madam

Acknowledgement is made of your claim for_____

dated _

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which has been accepted. Kindly look forward in the near future for further communication with regard to your claim.

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