

SECTION II

A. Survivors' & Industrial Death Benefit Spouse/Parent Information

❖ *Complete where applicable*

1. Have you remarried? Yes No

If "Yes" state new name: _____
Surname Other Name

If "No", have you entered into a Common Law Relationship? Yes No

2. Are you: Employed Self-employed Unemployed

3. If "Employed/Self-employed", state below:

Employer's Name: _____

Employer's Address: _____ Telephone: _____

4. Are you an invalid? Yes No

5. Are you in receipt of any other NIS Pension? Yes No

If "Yes", please state _____

6. Do you have custody of any Dependant/Orphan children? Yes No

If "Yes", name them and indicate those attending school full time

B. Survivors' Benefit Dependant, Survivors' Benefit Orphan Industrial Death Dependant & Industrial Death Orphan

Child's Full Name	Date of Birth	Living with you (Yes/No)	Supported by you (Yes/No)	Attending School full time (Yes/No)	Name of School

SECTION III

DECLARATION BY PENSIONER
(To be signed in the presence of a Sanctioned Authority)

“I _____ do hereby declare that all of the information supplied by me in this certificate is true to the best of my knowledge and belief”.

Signature or Mark of Pensioner

Witness to Mark

Date

SECTION IV

DECLARATION BY SANCTIONED AUTHORITY

Document used to identify Pensioner: _____

“This is to certify that _____ is alive and has been interviewed by me on this _____ day of _____ 20_____”

Office Seal
or
Stamp here

Full Name (Please Print)

Signature

Position

NOTE: A “SANCTIONED AUTHORITY”: is an Authorized Officer of the National Insurance Scheme, Justice of the Peace, Commissioner of Oaths, Notary Public, Minister of Religion, Medical Practitioner, Head Teacher, Senior Public Servant, Superintendent of Police, the Manager of a Bank or Branch of a Bank, the President or Secretary of a Trade Union. In the case of Pensioners who reside outside of the country, a Sanctioned Authority is an Officer of the Guyanese Consulate in the country in which the Pensioner resides or before a Notary Public, Commissioner of Oaths, Medical Practitioner, Head Teacher, Superintendent of Police or the Manager of a Bank.

SECTION V

FOR OFFICIAL USE ONLY

NAME OF DECEASED PERSON: _____

Surname	First Name	Middle Name
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N.I.#: OF DECEASED PERSON: _____

PENSIONER: _____

Surname	First Name	Middle Name
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N.I.#: _____ **CLAIM NUMBER:** _____

ADDRESS: _____

P.O. BOX _____ **TEL. NUMBER:** _____

TYPE OF PENSION: _____ **LOCAL OFFICE** _____

INFORMATION VERIFIED BY: _____

SIGNATURE OF NIS OFFICER: _____