

NATIONAL INSURANCE – GUYANA

CLAIM FOR CONSTANT ATTENDANCE BENEFIT

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 under the National Insurance and Social Security Act, 1969, or produces or furnishes any document or information which he knows to be false in a material particular, renders himself liable to prosecution.

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- 1. Name of Claimant:.....
- 2. Address:.....  
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- 3. Date of Birth:..... 4. Sex:.....
- 5. Are you an Invalidity or Disablement pensioner?.....  
If yes, a) Please state which:.....  
b) State N.I. number:.....

Signature/Mark of Claimant:.....

Date:.....

Witness to mark:.....

Address:.....

Date:.....