

**NATIONAL INSURANCE - GUYANA
CLAIM FOR MATERNITY GRANT**

WARNING:

Any person who knowingly makes a false statement or false representation for the purpose of obtaining any payment of Maternity Grant under the National Insurance and Social Security Act or produces or furnishes any document or information which is known to be false in a material particular shall be liable to prosecution.

SECTION A: (1) I,

Name of Claimant (in Block Letters)

Of

(Address)

hereby make claim for Maternity Grant based on my own */spouse's contributions and make the following declaration: -

(2) (a) My date of birth is

| | | |
|--|--|--|
| | | |
|--|--|--|

D M Y

(b) My National Insurance Number is

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

(c) My Marital Status is
(Please indicate by ticking the appropriate box)

| | | | |
|--------------------------|------------|--------------------------|-----------|
| <input type="checkbox"/> | Single | <input type="checkbox"/> | Married |
| <input type="checkbox"/> | Widowed | <input type="checkbox"/> | Divorced |
| <input type="checkbox"/> | Common Law | <input type="checkbox"/> | Separated |

(d) I was confined on

| | | |
|--|--|--|
| | | |
|--|--|--|

D M Y

(e) My Confinement Certificate is *attached/was submitted on

| | | |
|--|--|--|
| | | |
|--|--|--|

 to N.I.S Office at

D M Y

(f) My Spouse's Name is:

(g) I have child/children under the age of 18 years.
Their particulars are given below: -

(h)

| NAME | D.O.B | | | SEX | NAME | D.O.B | | | SEX |
|------|-------|---|---|-----|------|-------|---|---|-----|
| | D | M | Y | | | D | M | Y | |
| 1. | | | | | 4. | | | | |
| 2. | | | | | 5. | | | | |
| 3. | | | | | 6. | | | | |

(3)

Signature/Mark of Claimant Date

Witness to mark

Date

.....

Date

NOTE: Section A must be completed in ALL CASES

*Delete where inapplicable

**DECLARATION BY SPOUSE TO SUPPORT CLAIM
FOR MATERNITY GRANT**

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**DECLARATION
(TO BE COMPLETED BY SPOUSE)**

SECTION B: (1) I, hereby declare that
I am the father of the issue from confinement of
Which took place on

| | | |
|--|--|--|
| | | |
|--|--|--|

 Name of Mother
D M Y and that the particulars given
hereunder are correct: -

- (2) a. My full Name is
Surname Other Names
- b. My National Insurance Number is

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
- c. My address is:
- d. My Employer is:
- e. My occupation is:
- f. *I was married to:
On

| | | |
|--|--|--|
| | | |
|--|--|--|

 Name of Spouse
D M Y (see marriage certificate attached)
- g. *I have been living with during
Name of Spouse
Period to as man and wife.
- h. My Marital Status is
(Please indicate by ticking
the appropriate box)
- | | | | |
|--------------------------|---------------|--------------------------|-----------|
| <input type="checkbox"/> | Single | <input type="checkbox"/> | Married |
| <input type="checkbox"/> | Widowed | <input type="checkbox"/> | Divorced |
| <input type="checkbox"/> | Common Law | <input type="checkbox"/> | Separated |

(3)
Signature/Mark of Claimant Date

Witness to mark (1)
Date

(2)
Date

*Delete where inapplicable.

NOTE: Section B must be fully completed by Spouse in cases where benefit is claimed on spouse's contributions.