

Note: Documents to be submitted in support of claim

1. Birth Certificate
2. National Registration Identity Card
3. Social Security Card
4. (a) Affidavit / Deed Poll (if necessary)  
(b) Marriage Certificate (if necessary)
5. A list of your last four (4) Employers (if applicable)

PERIOD OF EMPLOYMENT	NAME OF EMPLOYERS	ADDRESS

## NATIONAL INSURANCE AND SOCIAL SECURITY ACT, 1969

### CLAIM FOR OLD AGE 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, Chapt.36:01, or produces or furnishes any document or information which he knows to be false in a material particular, renders himself liable to prosecution.

Name of Insured Person .....  
(Block Letters) (Surname

.....  
(Other Names)

National Insurance No: 

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Date of Birth: .....

Address: .....

.....

.....

I, .....  
declare that I \*have reached the age of 60/will reach the age of 60 on  
.....  
Date

I have been a contributor to National Insurance and apply for Old Age  
Benefit.

I last contributed as an \*employed/self-employed person/voluntary  
contributor.

I last worked as an \*employed/self-employed person on .....  
.....  
Date

My \*last/present employer's name and address \*was/is  
Name of Employer: .....  
Address: .....

My \*husband's/wife's name is .....  
and \*his/her Date of Birth is .....

I have ..... \*child/children under 18 years as stated below

Name(s)	Date(s) of Birth
.....	.....
.....	.....
.....	.....

**\* Delete where inapplicable**

I have \*never/last made a claim for benefit at the National Insurance Office  
at: .....  
.....

I wish to have payment made at the \*Post Office/National Insurance Office  
at: .....  
.....

Indicate by a tick, which Pension you are already receiving:

Invalidity

Death

Survivors'

.....  
Signature of Claimant  
.....20.....  
Date

If claimant cannot sign, he / she should make his / her mark, which should be  
witnessed.

Signature of witness to mark .....  
Address:.....  
Date: .....20.....

If application was made one (1) year after attaining age 60, please state  
reason(s) for the late submission.....  
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