

SECTION "B" - PARTICULARS OF SPOUSE (CONT'D)

15a. NATIONAL INSURANCE/SOCIAL SECURITY NUMBER *

15b. COUNTRY

15c. NATIONAL REGISTRATION NUMBER (WHERE APPLICABLE)

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15d. WORKS NUMBER (WHERE APPLICABLE)

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16. DATE OF MARRIAGE/ CO-HABITATION:

YYYY MM DD

17. DATE OF BIRTH OF SPOUSE:

YYYY MM DD

SECTION "C" - DETAILS OF WORK DONE IN CARICOM COUNTRIES

18a. EMPLOYMENT RECORD IN CARICOM COUNTRIES. (Use additional sheets if necessary).

NAME OF EMPLOYER	ADDRESS	EMPLOYER REGISTRATION NUMBER (If known)	PERIOD OF EMPLOYMENT					
			FROM			TO		
			YYYY	MM	DD	YYYY	MM	

18b. AS A SELF EMPLOYED PERSON

TYPE OF EMPLOYMENT	PERIOD WORKED						COUNTRY
	FROM			TO			
	YYYY	MM	DD	YYYY	MM	DD	

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

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

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: _____
(STREET)

(CITY/DISTRICT/COUNTY)

(COUNTRY)

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

24.2 INVALIDITY BENEFIT

24.3 SICKNESS BENEFIT

24.4 EMPLOYMENT INJURY BENEFIT

24.5 SURVIVORS BENEFIT

26. Are you a Voluntary Contributor?

27. COUNTRY

YES

NO

28. DETAILS OF DEPENDENTS:

NAME	RELATIONSHIP TO APPLICANT	DATE OF BIRTH	ADDRESS	COUNTRY

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**

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.

30.1 SIGNATURE OF CLAIMANT

DATE:

YYYY				MM		DD

31. **DECLARATION OF WITNESS**

(Where Claimant Cannot Sign)

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:

_____ SURNAME OTHER NAME

31.2 ADDRESS OF WITNESS: _____

31.3 SIGNATURE OF WITNESS: _____

DATE:

YYYY				MM		DD

32. **(FOR OFFICIAL USE)**

32.1 I hereby declare that I have examined and certified the documents submitted by the claimant with the application form.

NAME OF RECEIVING _____ SURNAME OTHER NAME

Signature of Receiving Officer

DATE:

YYYY				MM		DD

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 _____

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