CARICOM AGREEMENT ON SOCIAL SECURITY
APPLICATION FOR RETIREMENT/AGE PENSION

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, or produces or furnishes any document or information which he knows to be false in a material particular, renders himself liable to prosecution.

Please NOTE the Documentary Evidence Requirements at the back of this form.

SECTION "A" - PARTICULARS OF CLAIMANT

1. COUNTRY OF PERMANENT RESIDENCE: ________________________________

2. NAME: ____________________________________________________________
   SURNAME ________________________________ OTHER NAME(S) ______

3. NAME AT BIRTH IF DIFFERENT: ______________________________________
   SURNAME ________________________________ OTHER NAME(S) ______

4. ADDRESS: _________________________________________________________
   ________________________________________________________________

5a. NATIONAL INSURANCE/SOCIAL SECURITY NUMBER *

5b. COUNTRY

6. COUNTRY OF BIRTH:

7. DATE OF BIRTH: ____________________________
   YYYY   MM   DD

5c. NATIONAL REGISTRATION NUMBER (WHERE APPLICABLE)

8. TELEPHONE NUMBER

5d. WORKS NUMBER (WHERE APPLICABLE)

9. SEX:     FEMALE     MALE

10. FATHER'S NAME: ________________________________
    SURNAME ________________________________ OTHER NAME(S) ______

11. MOTHER'S MAIDEN NAME: ________________________________
    SURNAME ________________________________ OTHER NAME(S) ______

12. MARITAL STATUS: (TICK APPROPRIATE BOX)
    12.1 □ SINGLE       12.2 □ MARRIED
    12.3 □ WIDOWED

    12.4 □ DIVORCED

    12.5 □ COMMON-LAW

SECTION "B" - PARTICULARS OF SPOUSE

13. NAME OF SPOUSE: ________________________________
    SURNAME ________________________________ OTHER NAME(S) ______

14. ADDRESS: _________________________________________________________
    ________________________________ (STREET)
    ________________________________ (CITY/DISTRICT/COUNTY)
    ________________________________ (COUNTRY)

* NOTE: Applicants may submit additional information on a separate sheet if necessary.
**SECTION "B" - PARTICULARS OF SPOUSE (CONT'D)**

15a. NATIONAL INSURANCE/SOCIAL SECURITY NUMBER *

15b. COUNTRY

15c. NATIONAL REGISTRATION NUMBER (WHERE APPLICABLE)

15d. WORKS NUMBER (WHERE APPLICABLE)

16. DATE OF MARRIAGE/CO-HABITATION:

17. DATE OF BIRTH OF SPOUSE:

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

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

<table>
<thead>
<tr>
<th>NAME OF EMPLOYER</th>
<th>ADDRESS</th>
<th>EMPLOYER REGISTRATION NUMBER (If known)</th>
<th>PERIOD OF EMPLOYMENT FROM</th>
<th>TO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>YYYY MM DD</td>
<td>YYYY MM DD</td>
</tr>
</tbody>
</table>

18b. AS A SELF EMPLOYED PERSON

<table>
<thead>
<tr>
<th>TYPE OF EMPLOYMENT</th>
<th>PERIOD WORKED</th>
<th>COUNTRY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FROM</td>
<td>TO</td>
</tr>
<tr>
<td></td>
<td>YYYY MM DD</td>
<td>YYYY MM DD</td>
</tr>
</tbody>
</table>

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

   □ 24.1 TYPE OF BENEFIT

24.2 □ INVALIDITY BENEFIT

24.3 □ SICKNESS BENEFIT

24.4 □ EMPLOYMENT INJURY BENEFIT

24.5 □ SURVIVORS BENEFIT

25. COUNTRY

26. Are you a Voluntary Contributor? □ YES  □ NO

27. COUNTRY

28. DETAILS OF DEPENDENTS:

   NAME | RELATIONSHIP TO APPLICANT | DATE OF BIRTH | ADDRESS | COUNTRY

   __________________________ | __________________________ | ____________ | ____________ | ____________

   __________________________ | __________________________ | ____________ | ____________ | ____________

   __________________________ | __________________________ | ____________ | ____________ | ____________

   __________________________ | __________________________ | ____________ | ____________ | ____________

   __________________________ | __________________________ | ____________ | ____________ | ____________

   __________________________ | __________________________ | ____________ | ____________ | ____________

   __________________________ | __________________________ | ____________ | ____________ | ____________

   __________________________ | __________________________ | ____________ | ____________ | ____________

   __________________________ | __________________________ | ____________ | ____________ | ____________

   __________________________ | __________________________ | ____________ | ____________ | ____________

   __________________________ | __________________________ | ____________ | ____________ | ____________
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: 

<table>
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<tr>
<th>YYYY</th>
<th>MM</th>
<th>DD</th>
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</table>

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:**

<table>
<thead>
<tr>
<th>SURNAME</th>
<th>OTHER NAME</th>
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</table>

31.2 **ADDRESS OF WITNESS:**

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31.3 **SIGNATURE OF WITNESS:**

DATE: 

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<th>MM</th>
<th>DD</th>
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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: 

<table>
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<tr>
<th>YYYY</th>
<th>MM</th>
<th>DD</th>
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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.

12/99