



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

15a. NATIONAL INSURANCE/SOCIAL SECURITY NUMBER \*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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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:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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YYYY MM DD

17. DATE OF BIRTH OF SPOUSE:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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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 |         |
|                    |               |    |    |      |    |    |         |
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|                    |               |    |    |      |    |    |         |
|                    |               |    |    |      |    |    |         |

\* 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.