

CARICOM AGREEMENT ON SOCIAL SECURITY
APPLICATION FOR RETIREMENT/AGE PENSION

CARICOM 1

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: _____

4. ADDRESS: _____

5a. NATIONAL INSURANCE/SOCIAL SECURITY NUMBER*

5b. COUNTRY

6. COUNTRY OF BIRTH:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

5c. NATIONAL REGISTRATION NUMBER (WHERE APPLICABLE)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

5d. WORKS NUMBER (WHERE APPLICABLE)

--	--	--	--	--	--	--	--

7. DATE OF BIRTH

YYY	MM	DD					

8. TELEPHONE NUMBER

	-					-						-							
--	---	--	--	--	--	---	--	--	--	--	--	---	--	--	--	--	--	--	--

10. FATHER'S NAME: _____
SURNAME OTHER NAME(S)

11. MOTHER'S MADIEN NAME: _____
SURNAME OTHER NAME(S)

12. MARITAL STATUS: (TICK APPROPRIATE BOX)

12.1	<input type="checkbox"/>	SINGLE	12.2	<input type="checkbox"/>	MARRIED	12.3	<input type="checkbox"/>	WIDOWED
12.4	<input type="checkbox"/>	DIVORCED	12.5	<input type="checkbox"/>	COMMON-LAW			

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:

YYY	MM	DD

31. **DECLARATION OF WITNESS**

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, accompanying stamp.

31.1 NAME OF WITNESS:

SURNAME OTHER NAME(S)

31.2 ADDRESS OF WITNESS: _____

31.3 SIGNATURE OF WITNESS: _____

DATE:

YYY	MM	DD

32. **(FOR OFFICIAL USE)**

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

NAME OF RECEIVING OFFICER: _____
SURNAME OTHER NAME(S)

Signature of Receiving Officer

DATE:

YYY	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

CHANGE OF NAME

- a) Marriage Certificate
- b) Deed Poll

OTHER

- a) Letter if Co-habitation

This form should be submitted to the National Insurance Office in the country 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.