CARICOM 1

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.

SE	ECTION "A" – PARTICULARS (OF CLAIMANT	
1.	COUNTRY OF PERMANENT RESIDE	ENCE:	
2.	NAME:	GURNAME	OTHER NAME(S)
4.	ADDRESS:		
	NATIONAL INSURANCE/SOCIAL SECURITY NUMBER*	5b. COUNTRY	6. COUNTRY OF BIRTH:
			7. DATE OF BIRTH
5c.	NATIONAL REGISTRATION NUMBE (WHERE APPLICABLE)	R	YYY MM DD 8. TELEPHONE NUMBER - - - - - - - - - -
5d.	WORKS NUMBER (WHERE APPLICATION	ABLE)	9. SEX: FEMALE MALE
10.	FATHER'S NAME:	SURNAME	OTHER NAME(S)
11.	MOTHER'S MADIEN NAME:	SURNAME	OTHER NAME(S)
12.	MARITAL STATUS: 12.1 (TICK APPROPRITE BOX) 12.4	SINGLE 12.2 DIVORCED 12.5	MARRIED 12.3 WIDOWED COMMON-LAW

SECTION "B" – PARTICULARS OF SPOUSE																	
13. N	NAME OF SPOUSI													 			
			SURNA	ME				(OTH	IER N	NAM	1E(S	S)				
14. <i>A</i>	ADDRESS:				ST	RE	ET							 			
	(CITY/DISTRICT/COUNTY) (COUNTRY)																
*NOT	•		aal infor	matio	n on 1		narat	, cho	ot if				111)				
NOTE: Applications may submit additional information on a separate sheet if necessary. 15a. NATIONAL INSURANCE/SOCIAL SECURITY NUMBER (WHERE APPLICABLE) 15d. WORKS NUMBER (WHERE APPLICABLE) 16. DATE OF MARRIAGE/ CO-HABITATION: YYY MM DD 17. DATE OF BIRTH OF SPOUSE YYY MM DD																	
SECTION "C" – DETAILS OF WORK DONE IN CARICOM COUNTRIES 18a. EMPLOYMENT RECORD IN CARICOM COUNTRIES. (Use additional sheets if necessary). NAME OF ADDRESS EMPLOYER REGISTRATION PERIOD OF EMPLOYMENT																	
I	EMPLOYER			N	NUMB	ER	(If kn	own)	FROM YYY MM DD YYY					ТО			
18b. AS A SELF EMPLOYED PERSOI			<u>I</u>	FRC		DD '	WORI		TO COUNTRY								
			YYY	MM	DI)	YYY	MI	M	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 stil	Are you still employed?									
YES [YES NO									
Please state the name and address of your employer/last employer:										
20. EMPLOYE	. EMPLOYER'S NAME:									
21. EMPLOYE	1. EMPLOYER'S ADDRESS:(STREET)									
		(CI	TY/DISTRICT/COUNT							
		(01	(COUNTRY)							
22. Have you e	ever applie	ed for a Retirement Benef		ntry? YES	NO					
23. If "yes" plea	ase state o	country(ies)								
24. Are you in	receipt of a	any Benefit listed below?	(Please tick)	25. COUNTRY						
24.1 TYPE OF	BENEFIT									
24.2	INVALIDI [*]	TY BENEFIT								
24.3	SICKNES	S BENEFIT								
24.4	EMPLOY	MENT INJURY BENEFIT	-							
24.5	SURVIVO	RS BENEFIT								
26. Are you a	Voluntary (Contributor?	27. COUNTRY							
	YES									
	NO									
28. DETAILS C	OF DEPEN	IDENTS:	T	_	T					
NAME		RELATIONSHIP TO APPLICANT	DATE OF BIRTH	ADDRESS	COUNTRY					

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

29. <u>AUTHORISATION TO TRANSMIT PERSONAL INFORMATION</u>

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. <u>DECLARATION OF APPLICANT</u>	31. <u>DECLARATION OF WITNESS</u>						
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.	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:						
30.1 SIGNATURE OF CLAIMANT	SURNAME OTHER NAME(S) 31.2 ADDRESS OF WITNESS:						
DATE: YYY MM DD	31.3 SIGNATURE OF WITNESS: DATE: YYY MM DD						
32. (FOR OFF	FICIAL 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

	710111011220		
Dear Sir/Madam			
Acknowledgement is made of ye	our claim for	dated	
Which has been accepted. Kind	dly look forward in the near futu	re for further communication with regard to your	claim.