4

Note: Documents to be submitted in support of claim

- 1. Birth Certificate
- 2. National Registration Identity Card
- 3. Social Security Card
- 4. **(a)** Affidavit / Deed Poll (if necessary)
  - **(b)** Marriage Certificate (if necessary)
- 5. A list of your last four (4) Employers (if applicable)

PERIOD OF EMPLOYMENT	NAME OF EMPLOYERS	ADDRESS

Form OAB 1 (R. & P. Dept) Revised Feb. 2008

## NATIONAL INSURANCE AND SOCIAL SECURITY ACT, 1969

## CLAIM FOR OLD AGE BENEFIT

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 under the National Insurance and Social Security Act, Chapt.36:01, or produces or furnishes any document or information which he knows to be false in a material particular,

renders himself liable to prosecution.

Name of Insured Perso (Block Letters)	(Surname	
	(Other Names)	
National Insurance No	o:	
Date of Birth: .		
Address:		

_	I have *never/last made a claim for benefit at the National Insurance Office
1,	at:
declare that I *have reached the age of 60/will reach the age of 60 on	
Date	I wish to have payment made at the *Post Office/National Insurance Office
I have been a contributor to National Insurance and apply for Old Age	at:
Benefit.	
I last contributed as an *employed/self-employed person/voluntary	Indicate by a tick, which Pension you are already receiving:
contributor.	Invalidity
I last worked as an *employed/self-employed person on	Death
Date	Survivors'
My *last/present employer's name and address *was/is	Signature of Claimant
Name of Employer:	20
Address:	Date
My *husband's/wife's name is	If claimant cannot sign, he / she should make his / her mark, which should be witnessed.
and *his/her Date of Birth is	Signature of witness to mark
I have*child/children under 18 years as stated below	Address:
Name(s) Date(s) of Birth	Date:
	Date.
	If application was made one (1) year after attaining age 60, please state
	reason(s) for the late submission
* Delete where inapplicable	
Delete mappineasie	