

National Insurance & Social Security Act, Cap.47

CLAIM FOR OLD AGE CONTRIBUTORY PENSION Please complete all relevant sections. Failure to do so will delay the processing of this claim. A claim should be submitted three months before the claimant reaches pensionable age. IF THE CLAIM IS SUBMITTED LATE, PLEASE ATTACH LETTER TO THE CLAIM STATING $\tilde{\text{REASON}}$ FOR LATENESS. Failure to apply within 12 months of eligibility may result in a partial loss of the benefit.

	OFFICIAL USE ONLY	
V		

0/11/2013			
REQUIRED I	DOCUMENTS		
(a) Barbados Identification Card	(b) Original Birth Certificate		
(c) Original Marriage Certificate	(d) Original Decree Absolute - if divorced		
(e) An affidavit for persons applying for voluntary (early) pension			
For applicants resident outside of Barbados, please pa	rovide notarized copies of the above listed documents.		
Timelime January 1, 2014 to December 31, 2017 January 1, 2018 and after	Pensionable Age 66½ years 67 years		
Section 1 - PERSONAL DETAILS National Insurance No.	National Registration No. (Barbados ID Card)		
Last Name First Name	Middle Name		
Address	Date of Birth		
District	A Code Postal Code Year Month Day Year Month Day Year Month Day Year Month Day		
Name of current/last employer Date of Retirement Year Month Day Are you a director of a company? Yes No	OFFICIAL USE ONLY		

Section 4 - EMPLOYMENT HISTORY								
Indicate the year in which you first paid N	IIS contributions							
Have you ever worked as an employed or self-employed person in any other country outside of Barbados? Yes No								
If yes, please complete information below:								
COUNTRY	From	То	Social Security Number					
	Year Month Day	Year Month Day	(Overseas)					
Section 5 - ALTERNATE PAYEE DETAILS -	TO BE COMPLETED IF PENSION IS TO	O BE PAID TO SOMEONE ON	YOUR BEHALF					
National Insurance No.		gistration No.:						
ivational insurance ivo.	(Darot	dos in Card)						
Last Name	First Name	Middle Name						
Address		Date of Birth	Year Month Day					
District Area Code	Parish		Tear Month Day					
Tel. No.	Cell No.		Postal Code					
E-mail Address								
Section 6 - BANKING DETAILS - TO BE C	OMPLETED WHERE PAYMENT OF THI	S CLAIM IS TO BE DEPOSITE	D TO A BANK ACCOUNT					
I hereby authorize payment in respect of t	his benefit to be lodged to the Bank A	ccount given below						
Thereby addition to paymont in respect of t	ins cononi to be louged to the Bunk?	ecount given serow.						
Name(s) on Account	Account No.	Name and Location o	of Branch					
Please provide proof of bank account – The header of the bank statement or an official stamp from your bank verifying your account								
details. For overseas pensioners, please pr	ovide the relevant banking codes.							
C (T DECLARATION								
Section 7 - DECLARATION I hereby declare that the information give	n on this form is true to the best of my	knowledge and belief.						
Signature of Claimant		Date Signed						
If you are unable to sign this application, it may be signed on your behalf by someone else who should state that they have done so.								
WARNING: Any person who knowingly benefit, commits a criminal offence pun			rpose of obtaining					