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 Person ………………………………………………..
(Block Letters)   (Surname

....
                     (Other Names)

National Insurance No: | | | | | | | | |

Date of Birth: ....…………

Address: ....……..

                 ....……..

                 ....……..

I, ...

declare that I *have reached the age of 60/will reach the age of 60 on

....

<center>Date</center>

I have been a contributor to National Insurance and apply for Old Age

Benefit.

I last contributed as an *employed/self-employed person/voluntary

contributor.

I last worked as an *employed/self-employed person on ....….

....

<center>Date</center>

My *last/present employer's name and address *was/is

Name of Employer: ....

Address: ....

My *husband's/wife's name is ....……

and *his/her Date of Birth is ....……

I have .... *child/children under 18 years as stated below

Name(s)   Date(s) of Birth

....

....

....

* Delete where inapplicable

<center>3</center>

I have *never/last made a claim for benefit at the National Insurance Office

at: ....

....

I wish to have payment made at the *Post Office/National Insurance Office

at: ....

....

Indicate by a tick, which Pension you are already receiving:

Invalidity ☐

Death ☐

Survivors' ☐

....

<center>Signature of Claimant</center>

...................................20...........

<center>Date</center>

If claimant cannot sign, he / she should make his / her mark, which should be
witnessed.

Signature of witness to mark ....

Address:...……….

Date: ....20...........…………

If application was made one (1) year after attaining age 60, please state

reason(s) for the late submission…………………………………………………

…………………………………………………………………….........

……………………………………………………………………………………