APPLICATION FOR PERMANENT INCAPACITY PENSION

To be completed in CAPITAL letters by all applicants

1 IDENTIFICATION

Sex ☐ F ☐ M	Family name of the deceased	Given Name
Family Name at birth (if different)		National Identity Number ☐☐☐☐☐☐☐☐☐☐☐☐☐ Employer Number ☐☐☐☐☐☐☐☐☐☐
Date of Birth ☐☐/☐☐/☐☐☐☐		Place of Birth _____ _____ _____
Telephone Home: Office:		Address

2 Work History

A. Have you completely stopped working?

☐ Yes. Date of **last day you went** to your place of work. Day Month Year ☐☐/☐☐/☐☐☐☐

☐ No.

What was your gross monthly salary?_____

Name of employer_____Present Post _____

Occupation_____

B. If Yes, why did you totally or partially stop working?

_____

_____

A. Are you currently self-employed or do you own a business? ☐No ☐Yes

B. If the business has been sold, dissolved or closed, give the date concerned. _____/_____/_____

3 Information on your state of health

Since when have you been unable to work on a regular basis because of your state of health? Day Month Year ☐☐/☐☐/☐☐☐☐

List the illness or impairments that prevent you from working or limit you in your work. If you do not know the exact medical terms, describe the problem in your own words.

_____

_____

_____

_____

_____

_____

4 Information about your Medical Practitioner

Name the medical practitioner currently caring for you and any medical practitioner you have seen because of your incapacity.

Dr._____

Name the hospital, clinic where you have seen the medical practitioner.

_____

☐ Family doctor

☐ Specialist. What field? _____ ☐ Hospital ☐ Clinic

Telephone _____ Date you last saw that medical practitioner _____

5 APPLICATION FOR DIRECT PAYMENT

Your pension will be paid by direct payment in the financial institution of your choice?

Name of the financial institution Account number

Address

_____

_____

DECLARATION AND SIGNATURE

I declare that all information given on this application is true.

Sign here_____ **Date** _____/_____/_____

FOR OFFICIAL USE

APPLICATION RECEIVED AND VERIFIED BY:.....DATE:.....

MONTHLY PENSION R.....EFFECTIVE DATE:.....

RETIREMENT GRATUITY:.....

REFUND OF VOLUNTARY CONTRIBUTION R:.....DATE PAID:.....

SIGNATURE:..... DATE:.....

DOCUMENTS TO ACCOMPANY APPLICATION

National Identity Card

Birth Certificate

Medical Board's certificate of incapacity

Certificate of Employment and salary details