



**NATIONAL INSURANCE SERVICES**  
**P.O. Box 305, Administrative Centre**

Tel.: (784) 456 1514

Fax: (784) 456 2604

**NATIONAL INSURANCE ACT #33 OF 1986**  
**CLAIM FOR INVALIDITY BENEFIT**

*Warning: Any person who knowingly makes a false statement or false representatives for the purpose of obtaining benefit commits a criminal offence punishable by a fine or imprisonment or both.*

To be completed by Applicant

**PART A - PERSONAL INFORMATION**

Name (in block capitals) .....

**Surname**

**Other Names**

Date of birth |\_|\_|\_|\_|

Telephone #: .....

Postal Address: .....

NIS #. |\_|\_|\_|\_|\_|\_|\_|

..... Sex: Male [ ] Female [ ]

Marital Status: Married [ ] Single [ ] Widow/Widower [ ] Divorced [ ]

Next of Kin .....

Last Employer(s) ..... Address .....

I have been medically certified as permanently incapable of work.

- Attached are copies of my birth certificate as proof of age and my marriage certificate as proof of marriage.
- (Delete whichever does not apply).

**If you are unable to sign this form it must be witnessed by a Justice of the Peace, Medical Doctor, Senior Civil Servant, Minister of Religion, Member of Parliament, Police Officer (above the rank of Inspector).**

Form must be accompanied by a medical certificate.

I declare that the foregoing statements are true to the best of my knowledge and belief.

Signature of Claimant: ..... Date: .....

**N.B: Please complete fully and send to the National Insurance Services. Failure to apply within 3 months of eligibility may mean loss of some benefit.**

**Form INP 1. (Revised October 1998)**