

## 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) (Otl	ner Names)
	none #:   _ _ _
My National Insurance number is	<u> </u>
My Canadian Social Insurance number is	
Postal Address: (No. and street, Apt. No.	o.)
(City, town or village)	
Sex: Male [] Female [] Marital Status: Married [] Single [] Widow/Widower [ Next of Kin	
Last Employer(s)	
(No. and street, Apt. No.)	
(City, town or village)	

Have you ever worked or lived in a country other than Saint Vincent and the Grenadines?

() yes () no. If yes kindly list be
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Name of country	Social Insurance number in that	Residence		Employment	
	country	Y-M	Y-M	Y-M	Y-M

I have been medically certified as permanently incapable of work. ( ) yes ( ) no

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:
D <sub>-</sub> M <sub>-</sub> V

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.