



# APPLICATION FOR A CHILDREN'S PENSION

SPSB/6

**To be completed in CAPITAL letters by all applicants**

## Information about the deceased

**1** **NIN NUMBER**

Sex  <input type="checkbox"/> F  <input type="checkbox"/> M	Family name of the deceased  His or her family name at birth, if different	Given Name  Given name at birth, if different
Date of birth day month year ___/___/___		Place of birth _____
Name of last Employee _____ Position held _____		Was deceased self-employed <input type="checkbox"/> Yes <input type="checkbox"/> No

**2 Information about the deceased children under age of 18 or above who are receiving full time education**

Indicate the names of the deceased's children who were **under age of 18 on the date of death** and for whom you are requesting a children's pension.

Legitimate Children Family name at birth	Given Name	NIN NUMBER	Date of Birth
1. _____	_____	_____	___/___/___
2. _____	_____	_____	___/___/___
3. _____	_____	_____	___/___/___
4. _____	_____	_____	___/___/___

  

Recognised Children Family name at birth	Given Name	Date of Birth
1. _____	_____	___/___/___
2. _____	_____	___/___/___
3. _____	_____	___/___/___
4. _____	_____	___/___/___

**If there are any of the children over the age of 18 and receiving full time education if so provide detail.**

Name	Address	Name if Institution
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

**A certificate is required from the institution that the person referred to above is a full time student and the duration of his or her studies**

**3. Identification**  
**To be filled by the Guardian**

Identify the person who is responsible for these children and to whom the children's pension will be paid.			
Sex <input type="checkbox"/> F <input type="checkbox"/> M	Family name	Given Name	
	Family name at birth, if different	Given name at birth, if different	
NIN Number □□□□□□□□□□		Relationship to Children	Proof of applicant as guardian
Telephone home		Date of birth ___/___/_____	

**Pension payment by direct deposit**

State the financial institution of your choice where you wish your pension to be paid.

Name of financial institution	Your account number
_____	_____
Address _____	
_____	

**4 Declaration of applicant/guardian**

I declare that all the information given on this application is true and correct

**Signature X** \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

**DOCUMENTS TO ACCOMPANY APPLICATIONS**

- National Identity Card of Claimant
- Death Certificate of deceased member
- Affidavit that claimant is the lawful guardian, relationship to the children and that the children are that of deceased
- Birth Certificate of child or children
- Character Certificate from the Department of Police

**FOR OFFICIAL USE**

APPLICATION RECEIVED BY:.....DATE:.....

APPLICATION VERIFIED BY:.....DATE:.....

MONTHLY PENSION PAYABLE R .....TOTAL VOLUNTARY CONTRIBUTION DUE IF ANY.....

APPLICATION APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_