



APPLICATION FOR PERMANENT INCAPACITY - PENSION

To be completed in CAPITAL letters by all applicants

1 IDENTIFICATION

Sex <input type="checkbox"/> F <input type="checkbox"/> M	Family name	Given Name
Family Name at birth (if different)		National Identity Number □□□□□□□□□□
Employee 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.

<input type="checkbox"/> Family doctor		<input type="checkbox"/> Hospital	<input type="checkbox"/> Clinic
<input type="checkbox"/> Specialist. What field? _____		Date you last saw that medical practitioner _____	
Telephone _____			

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 BY:.....DATE:.....

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

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

RETIREMENT GRATUITY:.....

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

APPLICATION APPROVED BY: DATE:

DOCUMENTS TO ACCOMPANY APPLICATION

- National Identity Card
- Birth Certificate
- Medical Board's certificate of incapacity
- Certificate of Employment and salary details