



APPLICATION FOR MIGRATION ALLOWANCE

SPSB/5

To be completed in CAPITAL letters by all applicants

Particular of Claimant

Sex <input type="checkbox"/> F <input type="checkbox"/> M	Family name of the applicant	Given Name
National Identity Number □□□ □□□□ □□□□		Employer No
Address		Nationality
Date of birth day month year _/_/____	Place of birth _____	
Balance of contribution at		

Migration Details

Name of Country of permanent residence or intended residence _____ _____ _____		
Provide detail of resident permit _____ _____ _____	Date Issue □□/□□/□□□□	Validity _____
Address in the country of permanent residence or intended residence. _____ _____ _____		

Pension payment by direct deposit

Provide the financial institution of your choice where you wish payment of your allowance to be paid.	
Name of financial institution _____ _____	Your account number _____
Address _____ _____	

I hereby declared that all the information given on the application is true and correct

Signature

Date

FOR OFFICIAL USE

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

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

APPLICATION APPROVED BY:.....DATE:.....

TOTAL MIGRATION ALLOWANCE PAID:.....DATE PAID:.....

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

DOCUMENTS TO ACCOMPANY APPLICATION

- National Identity Number
- Resident Certificate or Permit
- An affidavit or approved declaration form to support the claim
- Certified copy of passport