

Registration

**MINISTRY OF SOCIAL SECURITY, N.S. Page: 1
& SENIOR CITIZEN WELFARE & R.I.**

REG APP1

Date:

**National Pensions Scheme
Application for Invalids Pension and Child's Allowance**

PART 1 - APPLICANT

1. N.I.C. No.: Claim Code:
2. S.S. No.: 3. C.F. No.: / 1
4. Title: 5. Marital Status Date of Application:
6. Surname:
7. Other Names: Local Office:
8. Maiden Surname:
9. Also known as:
10. Address Locality:
Pay Site:
11. Occupation:
12. Tel. No.: Aw. Unit
13. (a) Date of Birth
(b) Place of Birth
(c) B.C. No.: (d) Reg. Year: (e) C.S.O:
(f) Name of father
(g) Name of mother:
14. Partner's (a) N.I.C No.:
(b) Surname:
(c) Other Names:
(d) Occupation:
15. (a) Marriage (b) Date:
(c) M.C. No.: (d) C.S.O:

REG APP1

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**National Pensions Scheme
Application for Invalids Pension and Child's Allowance****PART 2 -PREVIOUS CLAIM**

16.	Have you ever applied for any other benefits?	Type of Benefit	Date of Application	Office
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PART 3 - DETAILS OF DISABILITY/ADDITIONAL BASIC INVALID'S PENSION

17. Nature of disability:
18. Is applicant following indoor treatment in a hospital?
If 'yes', please record (a) Name of hospital;
(b) Date of admission:
19. Is the disability the result of an accident work?
20. Application for Additional Basic Invalid's Pension?
21. Can applicant arrange to be present at a Medical Board?
(a) If 'no', reasons:
22. If re-applying before 6 months since the date of discontinuation, please state if it is a case of aggravation?
23. No. of days of treatment:

Place of treatment:

Remarks:

Registration

**MINISTRY OF SOCIAL SECURITY, N.S
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Page: 3

REG APP1

Date:

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PART 4 - CITIZENSHIP & PERIODS OF RESIDENCE

24. Is applicant a Mauritian Citizen?

25. If not:

(a) Date of first arrival in Mauritius:

(b) Periods of absence since the date of first arrival:

From

To

(c) Passport No.:

Date of issue:

Place of issue:

Remarks:

26. Is applicant residing in Mauritius?

PART 5 - CONTRIBUTORY INVALID'S PENSION

27. Claim for the Contributory Invalid's Pension?

28. Details of employment if contributions to NPF payable:

Occupation	Employer's Name	Employer's Address	Period of employment		Remarks
			From	To	

Registration

**MINISTRY OF SOCIAL SECURITY, N.S
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Page:4

REG APP1

Date:

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Part 6 - CHILD'S ALLOWANCE

29. N.I.C No
Surname

Other Names
Sex

Date of Birth
B.C No./Reg. Year

C.S.O
Father's Surname
Other Names

Mother's Surname

Other Names
Form/Course
Ed. cert. Attached

Is child living with
applicant?

PART 7 - PAYMENT INTO BANK

30. Name of Bank/Post Office:

31. Account No.:

32. If joint account, please record particulars of the other holder:

(a) N.I.C No.:

(b) Name:

(c) Address:

(d) Relationship to applicant:

Registration

**MINISTRY OF SOCIAL SECURITY, N.S.
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Page: 5

REG APP1

Date:

**National Pensions Scheme
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PART 8 - DECLARATION

33. I declare that the statements made by me and recorded on this form are true to the best of my knowledge and I undertake to inform this Ministry of any change in the particulars therein.

Date:.....
Signature/Thumbprint

(a) Signature of witness (if applicant cannot sign)

Name of Witness

Address of Witness

N.I.C No:

PART 9 - PROXY

34. I wish to appoint Mr./Mrs./Miss:
as my proxy.

Date:.....
Signature/thumbprint of applicant

35. Particulars of Proxy:

- (a) N.I.C No.:
- (b) Surname:
- (c) Other Names:
- (d) Relationship to applicant:
- (e) Address:
- (f) Phone No:

I accept to be appointed as applicant's proxy.

Date:.....
Signature of Proxy

Registration
REG APP1

**MINISTRY OF SOCIAL SECURITY, N.S.
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Page: 6
Date:

**National Pensions Scheme
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PART 11 - REGISTRATION & CHECKING AT LOCAL OFFICE

36. Application registered by:

Officer's Name:

Documents annexed:

Remarks:.....

Date:
Signature of SSO

37. Documents checked by:

Officer's Name:

Remarks:.....

Date:
Signature of HSSO

PART 12 - CHECKING AT INDEX SECTION, BENEFITS BRANCH

38. Index checked to-day:

(a) there is no previous/there is a previous file

C.F No.:..... P. Site Code:.....

(b) there is no connected/there is a connected file

C.F. No.: P. Site Code:

Officer's Name:

Date:.....
Signature of SSO