

MINISTRY OF SOCIAL SECURITY, NATIONAL SOLIDARITY, SENIOR CITIZENS WELFARE AND REFORM INSTITUTIONS
NATIONAL PENSION ACT
APPLICATION FOR CONTRIBUTORY PENSION

Part 1 – Application

For Official Use

Regn. Card No.

Date of Issue

BRP/CP No.

Centre

- 1. Surname:
- 2. Other Names:
- 3. Surname and other names on Social Security Card if different from 1 and 2:
.....
- 4. Address:
- 5. Date of Birth: 6. Social Security No.
- 7. Details of all employments since 1st July last.

Occupation	Employer's Name	Employer's Address	Date of Employment	
			From	To
A				
B				
C				

- 8. From which date you are claiming the contributory pension:
- 9. If you are going to work for an employer after the date you have inserted in question 8, please give the following details:
 - (i) Occupation:
 - (ii) Employer's Name
 - (iii) Employer's Address
- 10. If you would like your pension paid into a bank account of a Post Office saving account, please give details:
 - (i) Name of bank/post office:
 - (ii) Address:
 - (iii) Account No.

Date:

Signed:

Note: This form must be sent to your nearest local Social Security Office and be accompanied by an extract of your birth certificate and your Social Security Card.

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