SOCIAL SECURITY BOARD
P.O. BOX 698
ROAD TOWN, TORTOLA
BRITISH VIRGIN ISLANDS

CLAIM FOR AGE BENEFIT

I hereby apply for Age Benefit in accordance with the provisions of the Social Security Ordinance, 1979, and furnish the following particulars and enclosed documents in support thereof.

Name …….....

Address …….....

.....

Social Security Number .....Date of Birth ….....

I last contributed as * an employed /self-employed person .....

My * (last)/ (present) employer * was / is: .....

Address of Employer.....

.....

I enclosed copies of the following documents:

(a) Birth Certificate / Passport
(b) Social Security Card

I wish to have payment made to the following address or deposited to the following Bank. (account number must be provided)

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……..……..
Signature of Claimant

If unable to write, mark **X** and have it witnessed →→ .....
Mark here

Name: ..... Signature: .....
(Witness to mark) (Witness to mark)

Date..... 20….....

***Strike out what does not apply**