



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

***DISABLEMENT BENEFIT CERTIFICATE FOR EMPLOYMENT INJURY***

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Social Security No \_\_\_\_\_  
Claim No. \_\_\_\_\_  
Tel. No. \_\_\_\_\_

***This form must be completed, signed, witnessed and returned promptly to the Social Security Board, P.O. Box 698, Road Town, Tortola, B.V.I. Failure to do so may result in the stopping of the Social Security Cheque.***

*A list of persons who qualified to witness this form is provided above the signature space below. When you take this form to be witnessed, be sure to take along your passport or other evidence of your identity.*

1. *Has there been any change in your condition since last reported?* Yes  No   
*(Enclose doctor's certificate)*
2. *Did you work for someone or did you own a business during the last six months?* Yes  No
3. *Do you intend to work for someone or in your own business during the next six months?* Yes  No

***SIGN*** in the presence of witness who must be one of the following:

*Official or employee of a British Embassy or Consulate; Magistrate or Justice of Peace; Notary Public; Bank Official; Physician or Clergyman.*

*I affirm that all information I give in this document is true.*

\_\_\_\_\_  
*Signature of Beneficiary* \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*New mailing address (if address shown above has been changed)*

*I certify that the above questions were answered in my presence; that I personally know the signer or that satisfactory evidence to identify the signer has been examined by me and that I have no specific knowledge or reason to believe that the signer has not understood the question, or not responded truthfully.*

\_\_\_\_\_  
*Signature of Witness* \_\_\_\_\_ \_\_\_\_\_  
*Title* *Date*

\_\_\_\_\_  
*Address*

***IMPORTANT: Anyone who makes or causes to be made a false statement or representation of a material fact for use in determining a right to payment under the Social Security Ordinance commits a crime punishable by a fine or imprisonment.***