



# 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 & 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