

SEYCHELLES PENSION SCHEME



APPLICATION FOR PRE RETIREMENT/ POST RETIREMENT DEATH GRATUITY

National Identity Number

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Employer's Number

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MEMBER SURNAME MR/MRS/MISS:

FIRST NAMES:

ADDRESS:

DATE OF BIRTH: TEL NO.

TYPE OF BENEFIT: Pre-Retirement Post Retirement
(please tick appropriate box above)

SPS BALANCE AT:

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PARTICULARS OF CLAIMANT

NATIONAL IDENTITY NUMBER

□ □ □ □ □ □ □ □ □ □ □ □

SURNAME:

OTHER NAME:

ADDRESS:

RELATIONSHIP TO MEMBER :- WIFE HUSBAND DEPENDANT
(If husband or wife their marriage certificate should be enclosed) (please tick appropriate box above)

If claimant is deceased's dependant(s), please state relationships and the period dependant(s) has/have been living with deceased (an affidavit is required to support the claim or power of attorney or will)

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I CERTIFY THAT THE DETAILS GIVEN ON MY APPLICATION ARE CORRECT IN EVERY DETAIL.

.....
SIGNATURE

.....
OFFICER

.....
DATE

COMMENTS:

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APPLICATION RECEIVED BY:

DATE.....

APPLICATION APPROVED BY:

DATE