



MEMBER ON DISABILITY BENEFIT

(Please print and complete in full)

01. Membership Number

02. Surname

03. First Name

04. Identity Number

05. Gender (M = Male / F = Female)

06. Marital Status (M = married / S = single / D = Divorced / W = Widow(er))

07. Proposed Date of Retirement

D

D

M

M

Y

Y

Y

Y

08. Postal Address

09. Residential Address

10. Contact Numbers

11. Email Address

12. Language Preference

13. Constituency

Region

[illegible]

3. DOCUMENTS REQUIRED

Please provide us with **original certified copies** of the following documents, whenever applicable, to enable us to finalise the claim within the specified timeframe.

DOCUMENTS

Identity Document

Proof of banking particulars

Marriage Certificate or a Declaration / Certificate of Traditional Marriage from a recognised Traditional Authority or Final Divorce Order (if applicable)

4. DECLARATION BY THE CLAIMANT

I, the undersigned, do hereby declare that all particulars furnished on this form are true and correct.

Full Names: _____

Signature _____ Date _____