



APPLICATION FOR INVALIDITY CREDITS

UNDER REG.11 (6) OF THE SOCIAL SECURITY (CONTRIBUTIONS) REGULATIONS AND REG.11 (9) OF THE SOCIAL SECURITY (OPEN LONG-TERM BENEFITS) (CONTRIBUTIONS) REGULATIONS 1997.

TAXPAYER REF									
DATE OF BIRTH									

PART 1 – to be completed by claimant.

FULL NAME _____
 ADDRESS _____

 MARITAL STATUS _____
 LAST OCCUPATION _____
 TELEPHONE/MOBILE NO. _____

I declare that I am totally and permanently incapable of work since _____ day _____ month _____ year and wish to claim credits of contributions accordingly.

CLAIMANTS SIGNATURE:

DATE:

***Please NOTE that you will be required to present identification i.e. PASSPORT and/or ID CARD with this application.**

PART 2 – to be completed by medical practitioner.

I certify that the above named person who is suffering from: _____ has been totally incapable of work since _____ day _____ month _____ year and is expected to remain so permanently.

MEDICAL PRACTITIONER SIGNATURE AND OFFICIAL STAMP.

PRINT NAME _____

DATE: