



*SOCIAL SECURITY (INSURANCE) ACT, SOCIAL SECURITY (OPEN LONG-TERM BENEFITS SCHEME) ACT.*


FULL NAME: \_\_\_\_\_

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

TELEPHONE/MOBILE NO: \_\_\_\_\_

1. HAVE YOU ALREADY APPLIED FOR UNEMPLOYMENT CREDITS AFTER BECOMING UNEMPLOYED?  
(Department of Social Security, 14 Governor's Parade).

Yes      No

2. DATE FROM WHICH YOU WISH TO BECOME A VOLUNTARY CONTRIBUTOR: \_\_\_\_\_

3. NAME AND ADDRESS OF LAST EMPLOYER/BUSINESS:

#### 4. NUMBER OF VOLUNTARY CONTRIBUTIONS REQUIRED ACCORDING TO DSS PENSION FORECAST \_\_\_\_\_

I certify that the particulars given above are true to the best of my knowledge and belief and hereby apply to become a voluntary contributor in accordance with the provisions of the SOCIAL SECURITY (INSURANCE) AND SOCIAL SECURITY (OPEN LONG-TERM BENEFIT SCHEME) ACTS.

I wish to become a voluntary contributor under the SOCIAL SECURITY (INSURANCE) VOLUNTARY CONTRIBUTIONS ACT.

SIGNATURE:

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DATE:

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

**FOR OFFICE USE ONLY**

Yes      No

104 contribution weeks.

INTLS ..... DATE .....

## DSS Pension forecast seen

Commencement date \_\_\_\_\_ / RATE to be paid £ \_\_\_\_\_.