



**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

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DATE OF BIRTH

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**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:

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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.**

**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.

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PRINT NAME \_\_\_\_\_

DATE:

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