



VOLUNTARY SOCIAL INSURANCE CONTRIBUTIONS

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

TAXPAYER REF

DATE OF BIRTH

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:

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.
 DSS Pension forecast seen
 Commencement date _____ / RATE to be paid £ _____.

INTLS DATE