



**SOCIAL SECURITY BOARD  
PENSIONER'S DECLARATION**

**For Persons Receiving a Retirement, Disablement or Invalidity Pension**

**SECTION 1: PENSIONER'S INFORMATION**

Name of Pensioner \_\_\_\_\_  
(First) (Middle) (Surname)

Social Security Number \_\_\_\_\_ Phone/Cell Number \_\_\_\_\_

Address \_\_\_\_\_  
House Number and Name of Street  
\_\_\_\_\_  
(City/Town/Village) (District)

**SECTION 2: PENSIONER'S DECLARATION**

Mark an X in the box next to the statement that is applicable to you:

I am receiving a **RETIREMENT PENSION** and I am **OVER** 65 years of age.

I am receiving a **DISABLEMENT PENSION**.

I am receiving a **RETIREMENT PENSION** and I am **UNDER** 65 years of age. Please indicate whether you are employed: YES  NO

If YES, indicate period of employment \_\_\_\_\_ to \_\_\_\_\_  
DD/MM/YY DD/MM/YY

I am receiving **INVALIDITY PENSION**. Please indicate whether you are employed: YES  NO

If YES, indicate period of employment \_\_\_\_\_ to \_\_\_\_\_  
DD/MM/YY DD/MM/YY

**SECTION 3: Pension Declarations must be witnessed by a Justice of the Peace, Notary Public, Minister of Religion, Senior Human Development Officer, Senior Helpage Officer, Registered Physician or Social Security Officer.**

I \_\_\_\_\_ declare that \_\_\_\_\_  
(Name of Witness) (Name of Pensioner)

came before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ and signed his/her name below attesting to the information he/she provided.

Signature of Pensioner \_\_\_\_\_ Date \_\_\_\_\_  
DD/MM/YY

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_  
DD/MM/YY

Position \_\_\_\_\_

Address \_\_\_\_\_  
House Number and Name of Street  
\_\_\_\_\_  
(City/Town/Village) (District)



**Note: Pensioner's Declarations are due in June and December yearly. Your Monthly pension will be temporarily suspended if you fail to submit your declaration in these months.**