

MY ESTABLISHMENT HONOURS OUR GOLDEN CITIZENS



SOCIAL SECURITY BOARD

Name of Business: _____

Name of Contact Person: _____

House Number / Street: _____

Postal Address: _____

City / Town / Village: _____

District: _____

Phone No.: _____

Fax No: _____

Email Address: _____

Please put a checkmark in the appropriate box:

YES, my business will participate
in the Golden Citizens Project

NO, my business will not participate
in the Golden Citizens Project

Benefits to be provided by my Business to our Golden Citizens are (select all that apply):

1. Financial Benefit:

- Discount 10%
- Discount 20%
- Discount 50%
- FREE

Base Rate (Specify): _____

Other Financial Benefit (Specify): _____

2. Other Benefits:

Priority Seating

Other Services: _____

Special Customer Service Line

Other Services: _____

Access to Toilet Facilities

Other Services: _____

Comments:

Please send _____ Gold Decals to display in my Establishment(s), to indicate that we are participating in the Golden Citizens Project and the services that we offer.

NAME, JOB TITLE (in block letters)

SIGNATURE

DATE

Kindly forward to us your logo and slogan, if your organization has any, for inclusion in the public information material.