



SOCIAL SECURITY BOARD

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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.