## **APPLICATION FORM**

# FREE DISTRIBUTION ONLY (SENIOR CITIZEN PENSION)

Use Block Letters Only Ministry of Human Services & Social Security

(To be sent to the Registration Centre)

APPI	LICAN'	ΓDA	λТА
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First Name:		. Sex:			
Middle Name:		. Date of Birth:			
Surname:		. ID Card #:			
Other Name:		. Passport #:			
Current Address:		. Region:			
		. District:			
Phone numbers: Lan	ndline	Cell:			
CLAIMED SERVICE		Application Date:			
Old Age Pensio	n				
I declare that all the responses on this form are true and correct to the best of my knowledge and belief.					
Applicant signature			Date		
Receiving Officer's signature		Date			
<b>%</b>					
Ministry of Human Services & Social Security		(Must be given to the Applicant)			
Full Name:		ID/PP #:			
CLAIMED SERV	ICE				
Old Age Pension	n				
Application Date:					
Social Worker Nam	e: Signature:	Date:			

#### **OLD AGE PENSION**

(Use Block Letters Only)

#### **INSTRUCTIONS** To claim Old Age Pension, Claimants must read page 1 & 2 of this form, and provide a true response to all the questions herein. **OAP Inquiry Data** 1 - Guyanese by: Birth Naturalization Naturalization Date: ..... Yes No 2 - Are you presently residing in Guyana? - Were you absent from Guyana in the last 5 years? Yes From To Location Reason 4 - Number of Months out of the country: (In the last 5 years) Yes No 5 - Are you in receipt of Public Assistance? 6 - Are you the owner of a property? Yes No Yes No 7 - Do you pay Water Bills? 8 - Do you pay Electricity Bills? Yes No 9 - Are you living alone? Yes No Yes No 10 - Are you a shut-in? **Declaration** I declare that all the responses on this form are true and correct to the best of my knowledge and belief.

#### PENALTY FOR FALSE STATEMENT

Signature/mark

Any Person who knowingly makes any false statement, or false representation for the purpose of obtaining or continuing a public assistance service either for one self or for any other person, shall be liable on summary conviction to a fine or imprisonment.

Date

## **OLD AGE PENSION**

(Use Block Letters Only)

### **DECISION**

<b>Decision Made</b> (Approved/Rejected/Closed/Deferred)		
First Payment Date Must be a first of a month		
Signatures:	Social Worker	 
Chief Probation &	& Social Services Officer	 
Di	irector of Social Services	 
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•••••		 •••••