

# 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)*

### APPLICANT DATA

First Name: ..... Sex: .....  
Middle Name: ..... Date of Birth: .....  
Surname: ..... ID Card #: .....  
Other Name: ..... Passport #: .....  
Current Address: ..... Region: .....  
..... District: .....  
Phone numbers: Landline ..... Cell: .....

### CLAIMED SERVICE

Application Date: .....

Old Age Pension

I declare that all the responses on this form are true and correct to the best of my knowledge and belief.

.....  
Applicant signature/mark ..... Date

.....  
Receiving Officer's signature ..... Date

✂.....

*Ministry of Human Services & Social Security*

*(Must be given to the Applicant)*

Full Name: ..... ID/PP #: .....

### CLAIMED SERVICE

Old Age Pension

Application Date: .....

Social Worker Name: ..... Signature: ..... Date: .....



# OLD AGE PENSION

(Use Block Letters Only)

## DECISION

**Decision Made**

(Approved/Rejected/Closed/Deferred)

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**First Payment Date**

Must be a first of a month

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**Signatures:**

Social Worker

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Chief Probation & Social Services Officer

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Director of Social Services

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