THE NATIONAL INSURANCE ACT, 1972



CLAIM FOR BENEFIT/ASSISTANCE WHICH IS DUE TO A DECEASED BENEFICIARY

PARTA PARTICULARS OF DECEASED PERSON Full Name: (Surname last in BLOCK CAPITALS)			FOR OFFICIAL USE ONLY *Date of Death verified from death
Type of benefit to which the deceased person is entitled:			Inits. and date Checked
Date of Death:			Inits. and date
Day	Month	Year	_
PART B PARTICULARS OF			
Full Name:			
(Surname last in BL			
National Insurance Number			
Address:			
Telephone Contact:			
Relationship (if any) to deceased:			
DECLARATION AND CLAIM			
I DECLARE that I am the next of kin/ of the deceased beneficiary named above due to him/her but unpaid before he/she	ve and I claim paym		
Date:		Signature	
FOR OFFICAL USE ONLY			
Received the sum of \$	from	be	ing
benefit/assistance for the period		to	
Date:		Signature:	

NOTE: Any person who for the purpose of obtaining any benefit/assistance under The National Isurance Act, 1972 whether for himself or for some other person, knowingly makes any false statement or false representation, or produces or furnishes any document or information which he knows to be false shall be liable to a fine not exceeding \$1,000 or to imprisonment for a term not exceeding six months, or both.