

**National Pension Scheme
Application for Retirement Pension**

PART I - APPLICANT

1. N.I.C. No.: Claim Code:
2. S.S. No: 3. C.F. No.: / 1
4. Title: 5. Marital Status Date of application
7. Other Names: Local office:
8. Maiden Name:
9. Also known as: Locality:
10. Address: Pay Site:
11. Tel. No.: Aw. Unit
12. (a) Date of Birth
(b) Place of Birth
(c) B.C. No.: (d) Reg. Year (e) C.S.O.:
- (f) Name of father:
(g) Name of mother:
13. Partner's (a) N.I.C No.:
(b) Surname:
(c) Other Names:
14. (a) Marriage: (b) Date:
(c) M.C. No.: (d) C.S.O:

PART 2 - PREVIOUS CLAIM

15. Have you ever applied for any other benefits Type of Benefit Date of application Office

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PART 3 - CITIZENSHIP & PERIODS OF RESIDENCE

16. (a) Is applicant a Mauritian Citizen?
17. If not a Mauritian Citizen by birth, record applicant's date of first arrival in Mauritius.
18. Is applicant residing in Mauritius?
19. Is applicant following indoor treatment in a hospital?
If 'yes', please record (a) Name of hospital:
(b) Date of admission:
20. Nature of Disability:
Can applicant arrange to be present at a Medical Board?
If 'No', reasons:

21. (a) Periods of absence since the date of first arrival:
From To

(b) Passport No.: Date & Place of issue

Remarks

PART 4 - LATE APPLICATION

22. If application is made later than six months after the date of entitlement, please give reasons:

PART 5 - CONTRIBUTORY RETIREMENT PENSION

23. Claim for Contributory Retirement Pension?
24. Details of employment if contributions to NPF payable:

Occupation	Employer's	Employer's	Period of employment		Remarks
	Name	Address	From	To	

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PART 6 - PAYMENT INTO BANK

- 25. Name of Bank/Post Office:
- 26. Account No.:
- 27. If joint account, please record particulars of the other holder:
 - (a) N.I.C No:
 - (b) Name:
 - (c) Address:

(d) Relationship to applicant:

PART 7 - DECLARATION

- 28. I declare that the statements made by me and recorded on this form are true to the best of my knowledge. I undertake inform this Ministry of any change in the particulars therein.

Date:

.....
Signature/Thumbprint

(a) Signature of Witness (if applicant cannot sign)

Name of witness

Address of witness

N.I.C No.:

Registration **MINISTRY OF SOCIAL SECURITY, N.S
& SENIOR CITIZEN WELFARE & R.I**

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Date:

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29. PART 8 - PROXY

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PART 9 - REGISTRATION AND CHECKING AT LOCAL OFFICE

30. Application registered by:

Officer's Name:

Documents annexed:

Remarks:.....

Date:
Signature of SSO

31. Documents checked by:

Officer's Name:

Remarks:.....

Date:
Signature of HSSO

PART 10 - CHECKING AT INDEX SECTION, BENEFIT BRANCH

32. Index checked to-day:

(a) there is no previous/there is a previous file
C.F. No.:..... P. Site Code:.....

(b) there is no connected/there is a connected file
C.F. No.:..... P. Site Code:

Officer's Name:

Date:
Signature of SSO

