

**National Pensions Scheme
Application for Widows Pension and Child's Allowance****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:
6. Surname:
7. Other Names: Local Office:
8. Maiden Name:
9. Also Known as: Locality:
10. Address: Paysite:
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. (a) Marriage: (b) Date:
(c) M.C. No.: (d) C.S.O:
(e) Name of 'Authroised officer' or Priest (if not C.S. Officer)

PART 2 - PARTICULARS OF LATE HUSBAND

14. N.I.C No:
15. S.S. No.: 16. Title:
17. Surname:
18. Other Names:
19. (a) Date of birth: (b) B.C. No.:
(c) C.S.O: (d) Reg. Year:
20. (a) Date of Death: (b) D.C No.:

(c) C.S.O:

Registration

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

Page:2

REG APP1

Date:

**National Pensions Scheme
Application for Widows Pension and Child's Allowance**

PART 3 - PREVIOUS CLAIM

21. Have you ever Applied for any other benefits?	Type of Benefit	Date of application	Office
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PART 4 - CITIZENSHIP & PERIODS OF RESIDENCE

22. (a) Is applicant a Mauritian Citizen?
23. If 'No', was applicant's late husband a Mauritian citizen?
24. If neither applicant nor her late husband was a Mauritian Citizen
- (a) Date of first arrival in Mauritius
- (b) Periods of absence since the date of first arrival:
- | From | To |
|------|----|
|------|----|

Passport No.:

Date & Place of issue:

Remarks

25. Is applicant residing in Mauritius?

PART 6 - CONTRIBUTORY WIDOW'S PENSION

26. Details of employment if contributions to NPF payable:

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

**MINISTRY OF SOCIAL SECURITY,N.S. Page:3
& SENIOR CITIZEN WELFARE & R.I.**

REG APP1

Date:

**National Pensions Scheme
Application for Widows Pension and Child's Allowance**

Part 7 - CHILD'S ALLOWANCE

27. N.I.C No
Surname

Other Names
Sex

Date of Birth
B.C No./Reg. Year

C.S.O
Father's Surname
Other Names

Mother's Surname

Other Names
Form/Course
Ed. cert. Attached

Is child living with
applicant?

PART 8 - PAYMENT INTO BANK

28. Name of Bank/Post Office:

29. Account No.:

30. If joint account, please record particulars of the other holder:

(a) N.I.C No.:

(b) Name:

(c) Address:

(d) Relationship to applicant:

Registration

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

Page: 4

REG APP1

Date:

**National Pensions Scheme
Application for Widows Pension and Child's Allowance**

PART 9 - DECLARATION

31. I declare that I have not contracted any subsequent civil or religious marriage and the statements made by me and recorded on this form are true to the best of my knowledge. I undertake to 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:

32. PART 10 - PROXY

Registration

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

Page: 5

REG APP1

Date:

**National Pensions Scheme
Application for Widows Pension and Child's Allowance**

PART 11 - REGISTRATION & CHECKING AT LOCAL OFFICE

33. Application registered by:

Officer's Name:

Documents annexed:

Remarks:.....

Date:

.....

Signature of SSO

34. Documents checked by:

Officer's Name:

Remarks:.....

Date:

.....

Signature of HSSO

PART 12 - CHECKING AT INDEX SECTION, BENEFITS BRANCH

35. 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