

FALKLAND ISLANDS GOVERNMENT RETIREMENT PENSIONS ORDINANCE 1996

Claim Form for a Retirement Pension (2 pages) Title (Mr/Mrs/Miss/Ms):_____ • Full Name: _____ . Maiden Name (if applicable): • Home Address: • Contact Telephone Number:_____ • E-mail Address:_____ • Registration/Pension ID No: _____ • Age: _____ • Date of Birth (see note 1 below): _____ • Place of Birth: • Occupation: _____ • Are you single, married, separated, widow, widower or divorced (delete as applicable) • If you were married before 1997 can you please give details of your spouse(s) and relevant dates: Have you previously made a claim for a pension?_____ • If so, state the date on which the claim was made, and with what result? Please state the periods you were ordinarily resident in the Falkland Islands from the age • of 17 to 64 years (disregard temporary absences such as holidays and medical)

- Do you claim that you are now entitled to a pension, or that you will become so entitled at • a later date?
 - If my claim is successful, I would like the pension to be paid into my bank account on • a monthly basis:

SCB Account Number	
SCB Account Name	
Overseas Details (If applicable – please see note 2):	

Would you also like Falkland Islands Tax to be deducted?:____% •

I have clearly understood the above questions, and to the best of my knowledge and belief all the statements made by me in this claim are correct and as far as I know I am not disqualified from receiving a pension.

Signature

Date

Notes:

- 1. Please provide an original or a copy of your birth certificate or passport; an original will be photocopied and returned.
- 2. Please be sure that all your details are correct, especially your bank account details as this can result in payments bouncing back.
- You may subsequently have to provide further particulars to obtain entitlement to a pension.
 Please return the completed form to the Treasury.