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)

INSTRUCTIONS

To claim Old Age Pension, Claimants must read page 1 & 2 of this form, and provide a true response to all the questions herein.

OAP Inquiry Data

1 - Guyanese by: ☐ Birth ☐ Naturalization

- Naturalization Date: ………………….

2 - Are you presently residing in Guyana? ☐ Yes ☐ No

3 - Were you absent from Guyana in the last 5 years? ☐ Yes ☐ No

From	To	Location	Reason

4 - Number of Months out of the country: ☐
(In the last 5 years)

5 - Are you in receipt of Public Assistance? ☐ Yes ☐ No

6 - Are you the owner of a property? ☐ Yes ☐ No

7 - Do you pay Water Bills? ☐ Yes ☐ No

8 - Do you pay Electricity Bills? ☐ Yes ☐ No

9 - Are you living alone? ☐ Yes ☐ No

10 - Are you a shut-in? ☐ Yes ☐ No

Declaration

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

. . . .

Signature/mark Date

PENALTY FOR FALSE STATEMENT

Any Person who knowingly makes any false statement, or false representation for the purpose of obtaining or continuing a public assistance service either for one self or for any other person, shall be liable on summary conviction to a fine or imprisonment.

OLD AGE PENSION

(Use Block Letters Only)

DECISION

Decision Made
(Approved/Rejected/Closed/Deferred) ----------

First Payment Date
Must be a first of a month ----------

Signatures:

Social Worker ----------

Chief Probation & Social Services Officer ----------

Director of Social Services ----------

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