

## **National Insurance Corporation**

Form Sur. B1 (Reg. 46(7), 78 (1))

#### **CLAIM FOR SURVIVOR'S/DEATH BENEFIT**

I hereby apply for Survivor's/Death Benefit under the National Insurance Corporation Act, 2000, and furnish a Death certificate and other supporting documents together with the following particulars:

#### **PARTICULARS OF DECEASED**

Name of Deceased Person \_\_\_\_\_\_

		(Block Letters)	Surname	Other Names					
2.	Nat. Ins. No								
3.	Date of Birth	Day	Month	Year					
				i eai					
4.	Date of Death _	Day	Month	Year					
5.	Was Death due to an Employment injury/Disease? Yes / No								
6.	If not, state cause of death								
7.	Was deceased in receipt of any benefit from National Insurance Corporation? Yes / No								
8.	State what Benefit								
9.	Name of Employer prior to death and duration of such employment								
10. Address of Employer									
11.	11. Tel. No. of Employer								
PARTICULARS OF CLAIMANT									
1	Name of Claimant (Block Letters)	ant		Nat. Ins. No					
١.		Surname	Other Names	Nat. 1113. NO					
2.	Date of Birth of Claimant								
3.	Relation to Deceased(if Widow or Widower attach Marriage Certificates)								
4.	Address of Claimant								
5.	Was Claimant wholly or mainly maintained by the deceased person?								
6.	Was Claimant residing with deceased at the time of death? Yes / No								
7.	Tel. No								

# GIVE PARTICULARS OF THE CHILDREN OF THE CHILDREN OF THE DECEASED PERSON

Name of Child/ Children	Sex M/F	Father's Name	Mother's Name	Date of Birth	Place of Birth

### (ATTACH THE BIRTH CERTIFICATE OF EACH CHILD UNDER 18 YEARS)

I hereby declare that I have lived w	now deceased as				
*Husband/Wife/Common Law Husband/Common Law Wife from the day of					
	Signature/Mark				
	Date				
I declare that the foregoing infor statement or misrepresentation materials and the corporation of the corpo					
Date	Signature	or Mark of Claimant			
If unable to sign, mark X and have Senior Civil Servant on permanent		on (Lawyer, J.P., Doctor,			
	Signature				
	Name of Witness				
	Profession or Occupation				
	Address				
	Date				