## **National Insurance Corporation**



Form RB 1 Reg. 58)

## **CLAIM FOR RETIREMENT BENEFIT**

I hereby apply for Retirement Benefit under the National Insurance Corporation Act, 2000, and furnish my Birth certificate and other supporting documents together with the following particulars:

## **PARTICULARS OF CLAIMANT**

My full name is				
My Nat. Ins. No. is				
My date of birth is				
My full address is				
My last/present Employe	r's name and a	address were/a	re	
Name of Employer				
Address				
I declare that I h	ave reached th	e age of	will reach the age of	on the
		-	I further declare that	
I understand that a under the National Insura	False statemer	nt or Misrepres	nent. entation makes me liable to a	a penalty
Date			Signature or mark of Claimant	
If unable to sign, mark X Senior Civil Servant or po			esponsible person ( Lawyer, . )	J.P., Doctor,
	Signature	of Witness		
	Name of \	Witness		
	Profession	n or Occupatio	n	
	Address _			
	Date			