

OFFICE OF THE SOCIAL SECURITY COMMISSION

Form 14

Cnr. A Klopper & J. Haupt Streets – Khomasdal

The Chief Executive Officer
Social Security Commission
Private Bag 13223
Windhoek
Namibia

Telephone: 280 7999
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IN ALL CORRESPONDENCE QUOTE

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SUBMISSION OF DOCUMENT IN SUPPORT OF CLAIM FOR MATERNITY LEAVE BENEFITS (Section 29/regulation 9)

TO BE COMPLETED IN BLOCK LETTERS

1. Type of document

Birth Certificate	<input type="checkbox"/>	Death Certificate	<input type="checkbox"/>
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2. Social Security registration number of claimant:
3. Surname of Claimant:
4. First names of Claimant:

.....
CLAIMANT

.....
DATE

* Duly certified copies of Birth Certificate or Death Certificate must accompany this Form.

FOR OFFICIAL USE ONLY	
Checked by: _____	Date: _____
Remarks: _____	
