

The Executive Officer  
Social Security Commission  
Private Bag 13223  
Windhoek  
Namibia

IN ALL CORRESPONDENCE QUOTE

NOTIFICATION OF CHANGES TO MATERNITY LEAVE CLAIM  
(Section 29/Regulation 9)

TO BE COMPLETED IN BLOCK LETTERS

1. Name of Employer: .....

2. Social Security Registration Number: .....

This is to confirm that —

a) Surname of Employee: .....

b) First Names of Employee: .....

c) Social Security Registration Number: .....

Is/was on:

(i) Maternity leave from ..... 20..... to ..... 20.....

3. Kindly bring the above changes into consideration when making payment of benefits to the claimant.

.....  
**EMPLOYER**

.....  
**DATE**

FOR OFFICE USE ONLY

Checked By: ..... Date: ..... Time: .....

Remarks

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