

The Executive Officer  
Social Security Commission  
Private Bag 13223  
Windhoek  
Namibia

IN ALL CORRESPONDENCE QUOTE

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		Death Certificate	
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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 the Birth Certificate or Death Certificate must accompany this form.

FOR OFFICE USE ONLY

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

Remarks: .

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