

The Executive Officer
Social Security Commission
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Windhoek
Namibia

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MATERNITY LEAVE BENEFITS

DECLARATION REGARDING EMPLOYMENT STATUS

(This form must be completed before the final payment of maternity leave benefits can be made)

TO BE COMPLETED IN BLOCK LETTERS

1. Social Security Registration Number:

2. Surname:

3. First Names:

4. Date of Birth: 5. Identity Number:

Declaration:

I, declare that I have not done any paid work since my confinement and that I am entitled to maternity leave benefits for the period:

..... to

.....
SIGNED

.....
DATE

WARNING

“Any person who knowingly makes any false statement for the purpose of obtaining payment of a benefit to which he or she is not entitled shall be guilty of an offence”.

FOR OFFICE USE ONLY

Checked By: Date: Time:

Remarks

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