DEPARTMENT OF SOCIAL SECURITY OVERSEAS BRANCH NEWCASTLE UPON TYNE ENGLAND NE98 1YX

THE SOCIAL SECURITY SYSTEM EAST AVENUE, DILIMAN QUEZON CITY 1128 PHILIPPINES

CONVENTION ON SOCIAL SECURITY BETWEEN THE UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND AND THE REPUBLIC OF THE PHILIPPINES

The person whose particulars are given below has made claim for \*old age pension/ survivor's benefit by virtue of the provision of Article \*11/12/13/15 of the Convention.

In accordance with Section 5 of the Administrative Arrangements you are requested to complete Part II of this form and return on copy to the competent institution at the above address.

## PART I

## 1. INFORMATION ABOUT THE CLAIMANT

A. Name of insured person		D	. Name	and add	ress of cla	aimant		
B. National Insurance Number in UK			E. Type of benefit claimed Retirement Pension Widow's Benefit					
C. Philippine Social Security Number			F. Date of claim					
			Da	ay	Мо	nth	Y	ear
2. CERTIFICATION OF D	ATA							
A. Information about the ins	ured person							
Date of birth  Day Month Year	Verified							
B. Information about Spous	e or Widow(er)							
Full Name	Date of Birth	D	ate of N	Marriage		Date of	Divorce	
	Day Month Y	ear	Day	Month	Year	Day	Month	Year

Verified

Verified

Verified

C. Information about Child(ren)				
Name	Date of Birth Day Month Year	Verified		

## 3. UNITED KINGDOM INSURANCE HISTORY (HAVING REGARD TO ARTICLE 12(5))

Contribution/Tax Years		Number of Weekly Contributions Paid			
		Contribut			
From	То	As an employed self employed or non employed person	As a voluntary contributor	Credits	

Benefit Information  *A. Under the legislation of the United Kingdom increase in respect of						
dependent children will be paid from						
If the clair Conventio from *C. The c Completio *D. The c	mant becomes n increases in laimant is ent n of Part II is laimant is not nplete Part II	entitled to benefit by respect of dependent Confirmation titled to benefit indepe not required. entitled to benefit inde		า.		
Official Stamp			On behalf of the Department of Social Security			
			Signature			
*Delete as	appropriate					
PART II – to	be complete	d by the Philippine Au	thorities			
PHILIPPINE	INSURANCE	HISTORY				
Contribution Periods Number of weekly contributions						
			Contributions Paid			
From	From To As an employed person As a		As a self employed person	As a voluntary contributor		
Official Stamp		On behalf of the Social Security System, Philippines				
			Signature			