

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

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

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

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 address of claimant
B. National Insurance Number in UK	E. Type of benefit claimed Retirement Pension      Widow's Benefit <input type="checkbox"/> <input type="checkbox"/>
C. United Kingdom Insurance Number	F. Date of claim  _____ Day                                      Month                                      Year

2. CERTIFICATION OF DATA

A. Information about the insured person			
Date of birth  Day    Month    Year	<input type="checkbox"/> Verified		
B. Information about Spouse or Widow(er)			
Full Name	Date of Birth  Day    Month    Year <input type="checkbox"/> Verified	Date of Marriage  Day    Month    Year <input type="checkbox"/> Verified	Date of Divorce  Day    Month    Year <input type="checkbox"/> Verified



Benefit Information

- \*A. Under the legislation of the Philippines, increase in respect of dependent children will be paid from . . . . .
- \*B. The claimant is not entitled to benefit independently of the Convention. If the claimant becomes entitled to benefit by virtue of Article 12/15 of the Convention increases in respect of dependent children will be paid from . . . . . Confirmation will be given later.
- \*C. The claimant is entitled to benefit independently of the Convention. Completion of Part II is not required.
- \*D. The claimant is not entitled to benefit independently of the Convention. Please complete Part II of this form and return to the competent institution at the address shown on page 1.

Official Stamp

On behalf of the Social Security System, Philippines

Signature . . . . .

Date . . . . .

\*Delete as appropriate

PART II - TO BE COMPLETED THE UNITED KINGDOM AUTHORITIES

Contribution Periods		Number of weekly contributions		
From	To	Contributions Paid		
		As an employed person	As a self employed person	As a voluntary contributor

Official Stamp

On behalf of the Department of Social Security, UK

Signature . . . . .

Date . . . . .