



# NATIONAL INSURANCE SCHEME CLAIM FOR MATERNITY ALLOWANCE/GRANT

**For official use only**  
Accepted by: \_\_\_\_\_  
Date: \_\_\_\_\_  
Claim No.: \_\_\_\_\_

## SECTION 1 - TO BE COMPLETED BY THE CLAIMANT

(Please submit original birth and marriage certificates)

Surname

NIS No.

First Name

Date of Birth   
Y Y Y Y M M D D

Other Name(s)

Gender: Male  Female

Maiden name

Occupation \_\_\_\_\_

Aliases

E-mail Address \_\_\_\_\_

Marital Status: Married  Divorced  Single

Telephone Numbers

Address:

Home

Work

Mobile

Postal Address (if different from above): \_\_\_\_\_

### Employer(s) worked with in the last 8 months: (Beginning with your present employer)

1..... Address: \_\_\_\_\_

2..... Address: \_\_\_\_\_

3..... Address: \_\_\_\_\_

I hereby apply for the following benefit(s): Maternity Allowance  Maternity Grant

### Banking Details

Name of Bank  Account No.

Name on Account \_\_\_\_\_

I, \_\_\_\_\_ hereby certify the information provided in this application is true to the best of my knowledge and belief.

\_\_\_\_\_

Y Y Y Y M M D D

Claimant's Signature or Mark

Witness Statement (where claimant cannot sign or where claimant is overseas)

I hereby certify that \_\_\_\_\_ appeared before me and affixed his/her signature/mark as indicated above.

Witness Name: ..... Tel. No.

Witness Title: ..... E-mail Address: .....

Witness Signature and stamp: ..... Notary Public Registration No. \_\_\_\_\_  
(For overseas claimant)

**Witnesses must be a Notary Public, Justice of Peace, Medical Practitioner, School Principal, Snr. Civil Servant, Minister of Religion, or Barrister-at-Law. (Claimants residing in a foreign country must have their claim form attested by a registered Notary Public).**

**SECTION 2: TO BE COMPLETED BY EMPLOYER**

I hereby certify that Mrs. /Miss. \_\_\_\_\_ is in my employment

and will be on Maternity Leave from  to   
Y Y Y Y M M D D Y Y Y Y M M D D

Employee's commencement date of employment   
Y Y Y Y M M D D

Date Last Worked:   
Y Y Y Y M M D D

Employer's / Business Name \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

Employer's Signature   
Y Y Y Y M M D D

BUSINESS STAMP

**SECTION 3: CERTIFICATE OF EXPECTED CONFINEMENT/CONFINEMENT**

I hereby certify that Mrs. /Miss \_\_\_\_\_ is expected to

deliver on  OR delivered on   
Y Y Y Y M M D D Y Y Y Y M M D D

Doctor/Midwife: Name \_\_\_\_\_

Registration No. \_\_\_\_\_

Signature \_\_\_\_\_   
Y Y Y Y M M D D

DOCTOR'S/MIDWIFE'S STAMP

**Warning: Any person who knowingly makes any false statement or false representation for the purpose of obtaining a benefit commits a criminal offence punishable by fine or imprisonment or both.**