

CLAIM FOR EXTENDED MATERNITY ALLOWANCE

I, the undersigned hereby apply for extended maternity allowance under the National Insurance and Social Security (Amendment) Act, 1986, and furnish a medical certificate at back hereof and the following particulars: -

- 1. My full name is (in BLOCK LETTERS)
- 2. My address is
- 3. My National Insurance Number is
- 4. My employer is
- 5. My occupation is/was
- 6. I last worked there on
- 7. I was confined on

I declare that the information given above is true and correct to the best of my knowledge and belief.

Date:
Signature or Mark of Claimant

Note: Where the claimant cannot sign her name she should make her mark and have it witnessed by a responsible person (Doctor, Lawyer, Teacher, Justice of Peace etc.) who should complete the dotted lines below.

Signature of Witness or mark:
Profession or occupation:
Address:

Date: