

**REPUBLIC OF NAMIBIA**  
**SOCIAL SECURITY COMMISSION**

Form 13

Cnr. A Klopper & J. Haupt Streets – Khomasdal

The Chief Executive Officer  
Social Security Commission  
Private Bag 13223  
Windhoek  
Namibia

IN ALL CORRESPONDENCE QUOTE

**CLAIM FOR MATERNITY LEAVE**  
(Section 29/regulation 9)  
**TO BE COMPLETED IN BLOCK LETTERS**

**TO BE COMPLETED BY THE CLAIMANT**

- 1. Social Security registration number: .....
- 2. Surname: .....
- 3. Previous surname (in case of change of surname under which registered): .....
- 4. First names: .....
- 5. Date of birth: ..... 6. Identity number: .....(if any)
- 7. Passport number: .....(if any)
- 8. Postal Address: .....(if any)
- 9. Telephone number: ..... 10. Facsimile .....
- 11. Method of payment of benefits: 

Cheque		Bank Transfer	
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12. If benefits are to be transferred to bank or building society account, indicate:

- a) Name of financial institution: .....
- b) Name of branch: .....
- c) Branch number: .....
- d) Account number: .....
- e) Type of Account: .....

I certify that the above particulars are true and correct.

.....  
**CLAIMANT** .....  
**DATE**

**MEDICAL CERTIFICATE TO BE COMPLETED BY A MEDICAL PRACTITIONER**

I .....(full names) and  
qualifications) hereby certify that .....(name of patient) was examined by  
me and it was found that she is pregnant. From my examination and information furnished by her, the  
expected date of confinement is considered to be .....20.....practice number: .....

.....  
**MEDICAL PRACTITIONER** .....  
**DATE**

**TO BE COMPLETED BY THE EMPLOYER:**

- 1. Name of Employer:.....
- 2. Social Security Registration Number: .....
- 3. Monthly income of employee: N\$ .....
- 4. Date of commencement of maternity leave: .....

I .....(full names and capacity)  
certify that the above particulars are true and correct.

.....  
**EMPLOYER**

.....  
**OFFICIAL STAMP**

.....  
**DATE**

<b>FOR OFFICIAL USE ONLY</b>		
Checked by: _____	Date: _____	Time _____
Remarks: _____		
_____		