

REPUBLIC OF NAMIBIA
SOCIAL SECURITY COMMISSION
SOCIAL SECURITY ACT, 1994

Form 15

Cnr. A Klopper & J. Haupt Streets – Khomasdal

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

Telephone: 280 7999
Fax: 211765 /212322

MATERNITY LEAVE BENEFITS

DECLARATION REGARDING EMPLOYMENT STATUS

(This form must be completed before final payment of maternity leave benefits can be made)

TO BE COMPLETED IN BLOCK LETTERS

1. Social Security registration number:
2. Surname:
3. First names:
4. Date of Birth: 5. Identity Number:

Declaration:

I, declare that I have not done any paid
(full name)
work since my confinement and that I am entitled to maternity leave benefits for the period:

..... to

.....

Signed

.....

Date

WARNING

“ Any person who knowingly makes any false statement for the purpose of obtaining payment of a benefit to which he or she is not entitled shall be guilty of an offence”.