

**REPUBLIC OF NAMIBIA
SOCIAL SECURITY COMMISSION
SOCIAL SECURITY ACT, 1994**

Form 13(b)

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

IN ALL CORRESPONDENCE QUOTE

**NOTIFICATION OF CHANGES TO MATERNITY LEAVE CLAIM
(Section 29/Regulation9)
TO BE COMPLETED IN BLOCK LETTERS**

1. Name of employer:
2. Social Security registration number:

This is to confirm that –

- a) Surname of employee:.....
- b) First names of employee:.....
- c) Social Security registration number:

Is/was on:

(i) Maternity leave from200... to200...

3. Kindly bring the above changes into consideration when making payment of benefits to the claimant.

.....

EMPLOYER

.....

DATE