

User Documentation -Biographical Affidavit

Version: 1.0

Group 1

April 18, 2023

Table of Contents

Overview

Objective

Getting to know the Biographical Affidavit Web Application

About Biographical Affidavit

Version:

Latest Release:

Installation

Prerequisite For Using the Application

OSIPP User Component

Login Page

Making Comments

View unverified forms

Deny/Accept forms

View verified forms

View archived forms

Restore Form

3rd Party User Component

Login Page

Create new form

Send form to verify

Overview

This document will contain instructions and procedures for end-users to use the application's many functionalities.

Objective

The primary goal of this paper is to improve user friendliness and offer a focal point for platform usage. The document will explain how to use each program feature.

About Biographical Affidavit

Biographical Affidavit is a web application that based is the on a physical form from the Office of The Supervisor of Insurance & Private Pension.

Version:

V.1.0

Latest Release:

Installation:

Biographical Affidavit is web-based application so no installation will be required in order to use the application.

Prerequisite For Using the Application:

Recommended:

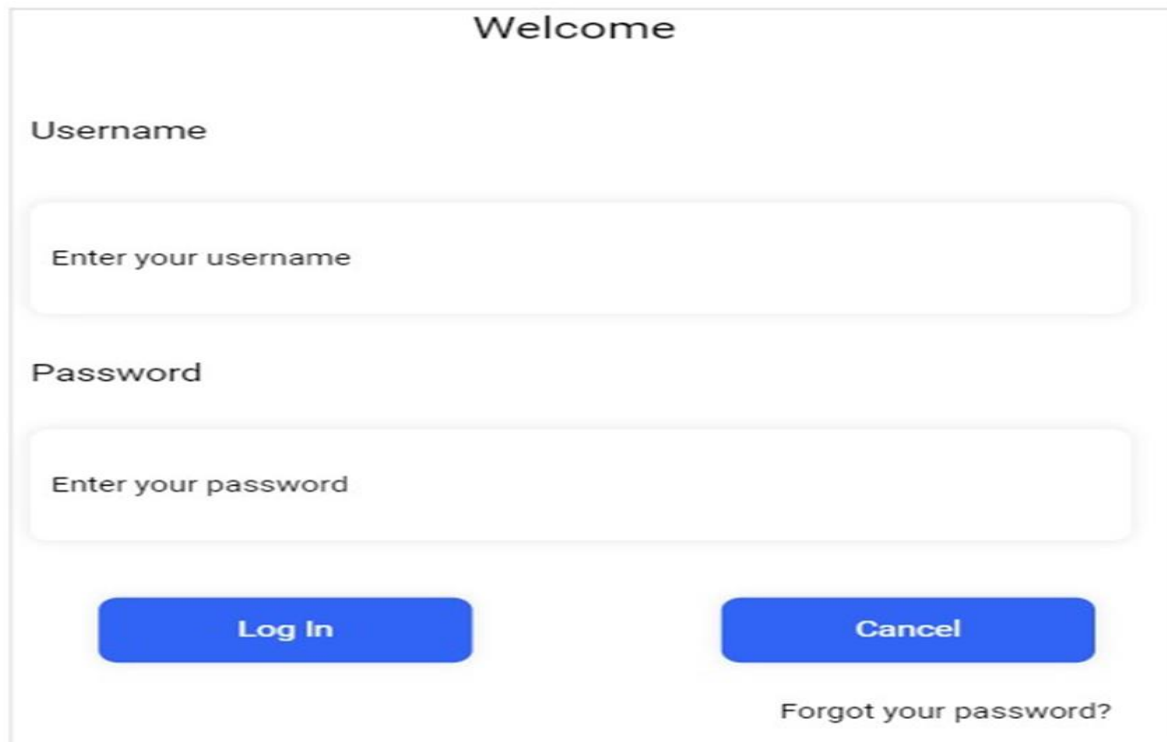
- CPU: 2 cores
- RAM: 2GB
- Storage: 40GB HHD
- Bandwidth: 1 Mbps

Minimum:

- CPU: 1 core
- RAM: 2GB
- Storage: 40GB HHD
- Bandwidth: 56kbps

OSIPP User Component

Login Page:



The login page form is titled "Welcome" at the top. It contains two input fields: "Username" and "Password". The "Username" field has a placeholder text "Enter your username". The "Password" field has a placeholder text "Enter your password". Below the input fields are two blue buttons: "Log In" and "Cancel". At the bottom right of the form is a link that says "Forgot your password?".

Welcome

Username

Enter your username

Password

Enter your password

Log In

Cancel

[Forgot your password?](#)

1. In order to login as an OSIPP public Officer you must have an account.
2. Enter username and password then click the login button.
3. You will be greeted with a message then you will be redirected to the OSIPP officer dashboard.

Making Comments:



OFFICE OF THE SUPERVISOR OF
INSURANCE & PRIVATE PENSION

Admin

Form Review & Approval

ID: 2045783820

Comment

1. Affiant's Full Name:

2. Other names used at any time:

3. Have you ever had your name changed? ☐ Yes ☒ No
If "Yes", (a) provide previous name(s) and (b) give the reason for the change:

4. Affiant's Identification No. applied to Government Record Systems. Two certified copies of picture ID must be submitted. The documents must be current and valid.

Document	Number of Document	Date of Issuance	Country of Issuance
Social Security	22262988	2/15/21	Belize
Passport	P00025684	10/28/20	Belize
National Health Insurance	N/A	N/A	N/A
Other, specified			

5. Date of Birth: (DD/MM/YYYY)

6. Place of Birth: include District/State and Country)

7. Nationality: Indicate how acquired.
☒ Birth
☐ Naturalization
☐ Marriage
☐ Other, specify:

8. Spouse's Name:

9. Affiant's Address:

Physical Address	Telephone No.	Fax No.	Email Address
Residential	501-223-4567	N/A	john.doe@gmail.com
Business	N/A	N/A	N/A

Signature:

Date:

Figure 3. Biographical Affidavit form showing OSIPP officer view

To make comments:

1. To add a comment, click the “add comment” button that is located on the top right-hand side of the page.
2. After writing the comment, you can press the “submit button” to submit the comment.

View unverified forms:

Unverified

Verified

Archive

Unverified

ID	FNAME	LNAME	DATE	STATUS
1	John	Doe	2022-01-01	Pending
2	Jane	Smith	2022-02-01	Pending
3	Bob	Johnson	2022-03-01	Pending
4	Alice	Williams	2022-04-01	Pending

To view unverified forms

1. Select the “Unverified” tab on the left-hand side of the page.
2. To proceed with the verification process you can click any of the user IDs that have status “pending”.

Deny/Accept Form:



Admin

Form Review & Approval

ID: 2045783820

Comment

1. Affiant's Full Name:

2. Other names used at any time

3. Have you ever had your name changed? ☐ Yes ☒ No
If "Yes", (a) provide previous name(s) and (b) give the reason for the change:

4. Affiant's Identification No. applied to Government Record Systems. Two certified copies of picture ID must be submitted. The documents must be current and valid.

Document	Number of Document	Date of Issuance	Country of Issuance
Social Security	23262988	2/15/21	Belize
Passport	P00095684	10/28/20	Belize
National Health Insurance	N/A	N/A	N/A
Other, specified			

5. Date of Birth (DD/MM/YYYY)

6. Place of Birth include District/State and Country)

7. Nationality: Indicate how acquired.
☒ Birth
☐ Naturalization
☐ Marriage
☐ Other, specify

8. Spouse's Name:

9. Affiant's Address :

Physical Address	Telephone No.	Fax No.	Email Address
Residential	501-223-4567	N/A	johnndoe@gmail.com
Business	N/A	N/A	N/A

Signature:

Date:

Figure 3. Biographical Affidavit form showing OSIPP officer view

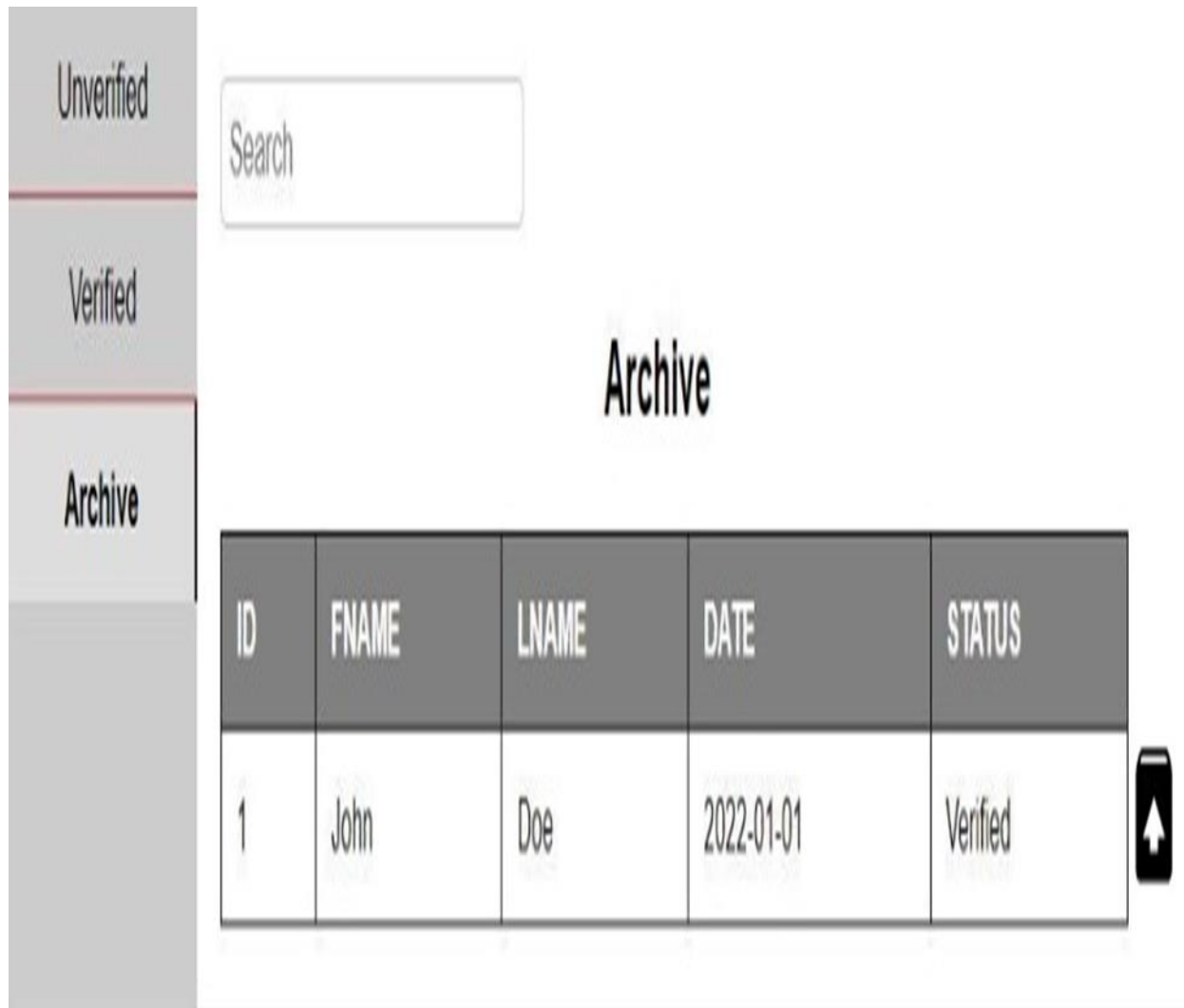
1. Select the “Decline” button to deny the user’s form
2. Select the “Approve” button to accept the user’s form

View Verified Forms:

Unverified	<input type="text" value="Search"/>			
Verified	Verified			
Archive				
ID	FNAME	LNAME	DATE	STATUS
1	John	Doe	2022-01-01	Verified
2	Jane	Smith	2022-02-01	Verified
3	Bob	Johnson	2022-03-01	Verified
4	Alice	Williams	2022-04-01	Verified

1. In order to view all verified forms, you can click on the “Verified” tab on the left-hand side of the screen.
2. As a public officer of OSIPP, you have the option to archive the form if deemed necessary.

View Archived Forms:



1. To view all archived forms, you can select the “Archive” tab on the left-hand side of the screen of the dashboard.
2. To restore the archived document, you can click on the “RestoreForm” button on the right-hand side of the table to restore the form for editing.

Restore Form:

Unverified
Verified
Archive

Unverified

ID	FNAME	LNAME	DATE	STATUS
1	John	Doe	2022-01-01	Pending
2	Jane	Smith	2022-02-01	Pending
3	Bob	Johnson	2022-03-01	Pending
4	Alice	Williams	2022-04-01	Pending

1. Affiant's Full Name: John doe
2. Other names used at any time: N/A
3. Have you ever had your name changed? ☐ Yes ☒ No

If "Yes", please provide the following information:

Previous name(s): N/A
Reason for the change: N/A

4. Affiant's Identification No. applied to Government Record Systems. Two certified copies of picture ID must be submitted. The documents must be current and valid.

Document	Number of Document	Date of issuance	Country of issuance
Social Security	23262988	2/15/21	Belize
Passport	P00035684	10/28/20	Belize
National Health Insurance	N/A	N/A	N/A
Other ,specify			

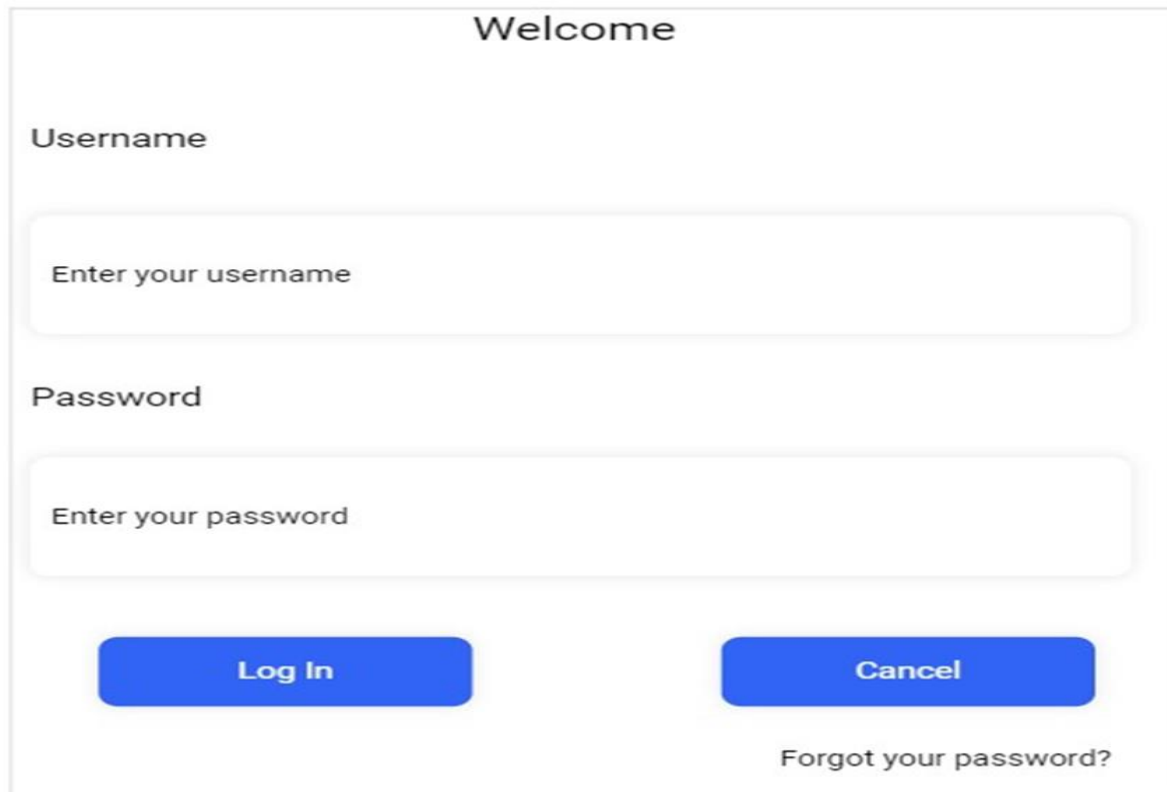
5. Date of Birth: 12/10/1985
6. Place of Birth: Belize
7. Nationality: (Indicate how aquired.) Birth
8. Spouse's Name: Name
9. Affiant's Address:

Physical Address	Telephone Number	Fax Number	Email Address
Residential	501-202-4532	N/A	johndoe@gmail.com
Business	N/A	N/A	N/A

- After restoring the form, its status will be reverted to unverified for editing.
- It can be archived after editing was made with the click of the "Archive" button at the end of the table view.

3rd Party User Component

Login Page:



The login page form is titled "Welcome" at the top. It contains two input fields: "Username" and "Password". The "Username" field has a placeholder text "Enter your username". The "Password" field has a placeholder text "Enter your password". Below the input fields are two buttons: "Log In" and "Cancel". At the bottom right, there is a link "Forgot your password?".

Welcome

Username

Enter your username

Password

Enter your password

Log In

Cancel

[Forgot your password?](#)

1. In order to login as a 3rd party agent you must have an account.
2. Enter username and password then click the login button.
3. You will be greeted with a message then you will be redirected to affidavit dashboard.

Create New Form:

Biographical Affidavit

1. Affiant's Full Name:	<input type="text" value="Full name"/>																				
2. Other names used at any time:	<input type="text" value="Other name"/>																				
3. Have you ever had your name changed?	<input type="radio"/> Yes <input type="radio"/> No																				
If "Yes", please provide the following information:																					
Previous name(s):	<input type="text"/>																				
Reason for the change:	<input type="text"/>																				
4. Affiant's Identification No. applied to Government Record Systems. Two certified copies of picture ID must be submitted. The documents must be current and valid.																					
<table><thead><tr><th>Document</th><th>Number of Document</th><th>Date of issuance</th><th>Country of issuance</th></tr></thead><tbody><tr><td>Social Security</td><td>23262988</td><td>2/15/21</td><td>Belize</td></tr><tr><td>Passport</td><td>P00035684</td><td>10/28/20</td><td>Belize</td></tr><tr><td>National Health Insurance</td><td>N/A</td><td>N/A</td><td>N/A</td></tr><tr><td>Other ,specify</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></tbody></table>	Document	Number of Document	Date of issuance	Country of issuance	Social Security	23262988	2/15/21	Belize	Passport	P00035684	10/28/20	Belize	National Health Insurance	N/A	N/A	N/A	Other ,specify	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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Other ,specify	<input type="text"/>	<input type="text"/>	<input type="text"/>																		
5. Date of Birth:	<input type="text" value="DD/MM/YYYY"/>																				
6. Place of Birth:	<input type="text" value="District/State and Country"/>																				
7. Nationality: (Indicate how aquired.)	<input type="text" value="Birth"/>																				
8. Spouse's Name:	<input type="text" value="Name"/>																				
9. Affiant's Address:																					
<table><thead><tr><th>Physical Address</th><th>Telephone Number</th><th>Fax Number</th><th>Email Address</th></tr></thead><tbody><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></tbody></table>	Physical Address	Telephone Number	Fax Number	Email Address	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>													
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																		

1. Once you select the “Create Form” button, a blank form will be generated for you to fill out with the necessary information.