

**APPLICATION FORM****Veterans Fund****Instruction Sheet**

1. An Application Form is to be completed for each person who is applying for a Veterans Fund pension service.
2. Application Forms are to be submitted in person to any of the Ministry of Labor & Social Security Offices Island wide. Application Forms may be submitted on behalf of an applicant; however, these applications will be subject to further verification.
3. Information submitted may be subject to independent verification with other institutions for e.g., the Registrar General's Department, the Tax Administration of Sri Lanka or any financial institution.
4. The application form can be witnessed and stamped by any of the following: Justice of the Peace, Minister of Religion, Medical Practitioner, School Principal, Bank Manager, Police Officer at the rank of Inspector and above or by an appointed Civil Servant at the equivalent grade of GMG/SEG1 or higher stating post and Ministry, Department or Agency (MDA).

Note: Any person, who for the purpose of obtaining or continuing a Veterans Fund either for himself or for any other person, knowingly obtains payment of, or continues to receive a Social Pension which he is disqualified from receiving or which for any reason is not payable to him, is liable for prosecution under the Larceny & Voluntary Declarations Acts.

Criteria

The following criteria will be used to determine eligibility for a Social Pension:

1. Be 60 years of age or older at the time of application
2. Be a Sri Lankan citizen ordinarily resident in Sri Lanka
3. Applicant is not in receipt of a pension or any other retirement, old age or disability benefit (from any source) or regular income.

Documents

The following documents will be required to process application for a Social Pension:

1. National Identity Card Number (NIC) or Drivers' License; or Passport
2. Birth Certificate
3. Tax Registration Number
4. Any other document that may be required in order to process application for e.g., document to ascertain citizenship

APPLICATION FOR VETERANS FUND

- INSTRUCTIONS:
- 1. This form is to be completed in BLOCK CAPITALS.
 - 2. Tick (✓) in boxes where applicable
 - 3. Submit documentary proof of age (Birth Certificate or Passport); Bank Account Number, National Identity Card Number (NIC) and Tax Registration Number
 - 4. Submit a valid Picture identification of the Applicant (National Identity Card Number (NIC), Drivers' License or Passport)

SECTION 1 – Particulars of Applicant

1. National Identity Card Number (NIC) 2. Age

3. Name

Mr. Mrs. Miss

(Last Name)(First Name)(Middle Name)

4. Sex

Male Female

5. Date of Birth

...../...../.....
YearMonthDay

6. Parish/Province/State and Country of Birth

...../
Parish/Province/StateCountry

7 (a) Marital Status

SingleCommon-Law Married Separated Widowed Divorced

(b) If married, state maiden name.....

8.Email Address.....

9. Contact Number(s)

(Home)(Work)(Mobile)

10 (a) State your **mother's** name

(Last Name)(First Name)(Middle Name)

(b) Mother's Maiden Name:

11. State your **father's** name

(Last Name)(First Name)(Middle Name)

12. Next of Kin

(Last Name)(First Name)(Middle Name)

13. Relationship to applicant.....

14. Next of Kin Telephone Contact.....

15. TRN for Next of Kin.....

SECTION 2 – Particulars of Applicant’s Residency

16. Home Address

Mailing Address (if different from home address)

.....

.....

.....

.....

17 (a) Do you live permanently in Sri Lanka?

☐ Yes ☐ No

(b) If yes, how long have you been living permanently in Sri Lanka?.....

(c) If no, where do you permanently live?.....

.....

18 (a) Have you ever resided outside of Sri Lanka?

☐ Yes ☐ No

(b) If yes, kindly state Country and period

...../.....

(Country) (Period)

SECTION 3 – Particulars of Applicant’s Employment

19. List all particulars of employment in Sri Lanka

Name and Address of Employer	Occupation	Periods of Employment	
		From	To

20 (a) Have you ever been employed outside of Sri Lanaka☐ Yes ☐ No

(b) If yes, indicate in the boxes below and provide the information requested in the

☐ Canada ☐ United Kingdom

☐ Australia

☐ Other Country (Please state).....

(c) List all particulars of employment outside of Sri Lanka

Name and Address of Employer	Social Security/ Social insurance Number	Occupation	Periods of Employment	
			From	To

21. Are you currently employed?

☐ Yes

☐ No

22. State the date you were last employed/...../.....
(Month) (Year)

SECTION 4 – Particulars of Pension/ Other Social Benefit

23. Have you ever applied for a Veterans Fund?

☐ Yes

☐ No

24 (a) Are you in receipt of a government and/or any other pension or retirement old age or disability benefit (overseas/private)?

☐ Yes

☐ No

(b) If yes, what type of pension

(c) from where

25. Are you in receipt of a Veterans Fund pension?

☐ Yes

☐ No

26(a) Is your spouse in receipt of a National Insurance Pension?

☐ Yes

☐ No

☐ Not Applicable

(b) If yes, please provide Spouse’s NIS number.....

27 (a) Are you a PATH beneficiary?

☐ Yes

☐ No

(b) If yes, please provide the PATH number.....

28 (a) Are you a Poor Relief beneficiary?

☐ Yes

☐ No

(b) If yes, please provide the Poor Relief number.....

SECTION 5- Agent Information

29 (a) Will you be appointing an Agent for your Social Pension?

☐ Yes

☐ No

(b) If yes, please provide the following information:

Agent’s Full Name:

.....

(Last Name)

(First Name)

(Middle Name)

Application Reference Number..... Date of Receipt Application.....

Address:

.....

.....

Telephone Contact: Agent ID# & type:

Agents TRN #:

Relationship to Applicant.....

SECTION 6 – Payment Method

30. How would you like to receive your Social Pension payment? (Please select only one)

- (a) Bank Account ☐
- (b) Postal ☐
- (c) Bill Express ☐
- (d) Cheque ☐

SECTION 7– Applicant’s Banking Information

31. Name of Bank.....

32. Branch where Account was opened.....

33. Bank Account Number

34. Type of Account (Savings or Chequing).....

Disclaimer

The Applicant agrees and warrants that the account provided is a legitimate account to which a Social Pension benefit can be paid and therefore indemnifies the Ministry against any loss or damage suffered as a result of any error in the account information provided herein. The Applicant shall at all times, indemnify and save harmless the Ministry (including its officers, agents and employees) of and from all loss and damage and all actions, claims, costs, demands, expenses, fines, liabilities and suits of any nature whatsoever for which the Ministry shall or may become liable, incur or suffer by reason of making payments through the transfer of funds to the account specified by the Applicant. The Applicant’s obligations under this authorization shall survive the termination of the arrangement between the Ministry and the beneficiary, whether by expiration of time or otherwise.

SECTION 8 – Applicant’s Signature

Declaration

I declare that all the statements in this form are true to the best of my knowledge and belief and that I am in need of a Veterans Fund, and I am not in receipt of any other Pension or an annual income.

Applicant’s signature or (mark)

Agent’s signature:

Witness to declaration.....

Occupation.....

Application Reference Number.....Date of Receipt Application.....

Address.....

Telephone No.....Date.....

FOR OFFICIAL USE ONLY

DOCUMENT CHECKLIST (place a tick in the appropriate boxes)

Electoral Identification Card; or Drivers’ License; or Passport

Birth Certificate

Tax Registration Number

National Identity Card (NIC)

Proof of Bank Account

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