



NATIONAL SOCIAL SECURITY & WELFARE CORPORATION

www.nasscorp.org.lr

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INVALIDITY GRANT CLAIM FORM

FULL NAME

ADDRESS

DATE OF BIRTH

SOCIAL SECURITY NO.

FULL NAME OF PRESENT EMPLOYER

CODE

DECLARATION:

I declare that I retired from work on _____ or I intend to retire from work on _____ and I wish to claim a Retirement Grant. I have worked for the following employer(s) since September 1, 1988.

_____ From _____ to _____

_____ From _____ to _____

_____ From _____ to _____

NAME OF CLAIMANT: _____ SIGNATURE _____

ATTESTED BY: EMPLOYER'S REPRESENTATIVE: _____

SIGNATURE: _____

DATE: _____