



NATIONAL SOCIAL SECURITY AND WELFARE CORPORATION  
www.nasscorp.org.lr 15<sup>th</sup> Street & Payne Avenue, Monrovia nasscorp@nasscorp.org.lr

RETIREMENT GRANT CLAIM FORM

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 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: \_\_\_\_\_

OFFICE STAMP

DATE: \_\_\_\_\_