



Social Security Board
P.O. Box 698
Road Town, Tortola
Virgin Islands
Tel:1-284-852-7800/Fax: 1-284-494-6022
Email: info@bvissb.vg/Website:www.bvissb.vg

CLAIM FOR AGE BENEFIT
Please use Capitals Letters

I hereby apply for Age Benefit in accordance with the provisions of the Social Security Ordinance, 1979, and furnish the following particulars and enclosed documents in support thereof.

NameSocial Security Number.....

Date of Birth Telephone Number(s)

Mailing Address

Email Address.....

Presently Working? Yes No

If yes, state present employer:

If you are not working, state the month and year you last worked:/.....
Month Year

Enclose copies of the following documents:

- (a) Birth Certificate or Passport
- (b) Social Security Card

I wish to have my payment deposited to the following bank:

Name of Bank Name on Account.....

Account Number..... Type of AccountRouting Number.....

Address of Bank.....

(If you do not have a local bank account, payment can be made by Money Order, Direct Deposit to a US bank account or via Wire Transfer. Please note that all fees incurred are payable by claimant. For a Wire Transfer, kindly contact us at email info@bvissb.vg for the required information.)

Signature of Claimant..... Date.....

If unable to write, mark X and have it witnessed →→
Mark here

Name: Signature:
(Witness to mark) (Witness to mark)

Date.....