

Number ww:

Received <date D/M/Y> ___/___/___

Orphans' Pension Request form

1. Personal information child(ren)

Child 1:

Name: _____

First name: _____

Place of birth: _____

Date of birth (D-M-Y): _____ / _____ / _____

Address: _____

Nationality: _____

Phone number: _____

Email address: _____

Going to school? Yes/No:

If yes, which school and since when? _____

Child 2:

Name: _____

First name: _____

Date of birth (D-M-Y) _____ / _____ / _____

Address: _____

Nationality: _____

Phone number: _____

Email address: _____

Going to school? Yes/No:

If yes, which school and since when? _____

Child 3:

Name: _____

First name: _____

Date of birth (D-M-Y) _____ / _____ / _____

Address: _____

Nationality: _____

Phone number: _____

Email address: _____

Going to school? Yes/No:

If yes, which school and since when? _____

2. Personal information parents (also in case of recognition)

Father

Name: _____

First name: _____

Date of birth (D-M-Y) _____ / _____ / _____

Tel: _____

Address: _____

Residence: _____

Country: _____

Nationality: _____

Date of death (D-M-Y) _____ / _____ / _____

Residence at the time of death _____

Date and year marriage to mother (D-M-Y) _____ / _____ / _____

Mother

Name: _____

First name: _____

Date of birth (D-M-Y) _____ / _____ / _____

Tel: _____

Address: _____

Residence: _____

Country: _____

Nationality: _____

Date of death (D-M-Y) _____ / _____ / _____

Residence at the time of death _____

Date and year of marriage to father (D-M-Y) _____ / _____ / _____

3. Personal information concerning the foster parent if orphans' pension is requested on the basis of his/her death (only complete if the child has no parents).

Name: _____

First name: _____

Date of birth (D-M-Y) / / _____

Tel: _____

Address: _____

Country: _____

Nationality: _____

Date of death (D-M-Y) / / _____

Residence at the time of death _____

Since when did the foster parent take care of the child and what did the care entail?

(D-M-Y) / / _____

4. Personal information applicant

a. Name & first name applicant: _____

b. Tel: _____

c. Address: _____

d. Does this application concern your own child(ren)? _____

e. If another person is the guardian of the child, please mention
his/her name and address _____

5. Does the child receive care or cure in an establishment?

a. If yes, in which establishment (name/place)? _____

b. Who is paying for the nursing costs? _____

6. Payment Orphans' pension:

Name of 'authorized organization': _____

Bank: _____

Account number: _____

Routing number: _____

IBAN or BIC code: _____

Swift code: _____

7. Previously submitted?

a. Did the kid previously submit an application to SZV to obtain orphans' pension?

b. If yes, on which date did it end (D-M-Y)? ____ / ____ / ____

The applicant certifies that the above questions are answered truthfully.

Date signature: _____

On behalf of the child, signature*: _____

** By signing this agreement, you give SZV permission to contact other public institutions in order to check personal information relevant for Orphans' pension.*

Please send the Orphans' request form to:
Division Pensions SZV, Harbour View, Sparrow Road #4, Philipsburg, St. Maarten. If you want to know which documents to submit with this request, please look at our website www.szv.sx for 'Requirements widow-widower and Orphans' pension.

You can also send your scanned Orphans' request form by email.
Please send it to: benefits@szv.sx

Note: The original Orphans' request form must always be submitted (incl. additional documents) as soon as possible!