

SECTION "A" - TO BE COMPLETED BY APPLICANT (MOTHER) (Cont'd)

11. ARE YOU PRESENTLY EMPLOYED? YES NO

(IF "YES", HAVE YOUR EMPLOYER COMPLETE SECTION C)

EMPLOYER'S NAME

EMPLOYER'S ADDRESS:
(STREET)

(CITY/DISTRICT/COUNTY)

DECLARATION OF APPLICANT

I declare that to the best of my knowledge and belief the information given by me is true and correct and I am aware that if there is any statement in this declaration which is false in fact or which I know or believe to be false or do not believe to be true, I am liable on summary conviction to a fine of three thousand dollars (\$3,000.00) and to imprisonment for two years in accordance with Sect 33, NI Act Chap 32:01.

I hereby give permission to NIBTT to update the information from this form.

SIGNATURE OR MARK OF APPLICANT

DATE:
 YYYY MM DD

PARTICULARS OF WITNESS TO MARK (Where applicant cannot sign)

NAME:

SURNAME

OTHER NAME(S)

ADDRESS:
(STREET)

PASSPORT

(CITY/DISTRICT/COUNTY)

VALID IDENTIFICATION: DRIVER'S PERMIT

(Tick appropriate box) ELECTORAL I.D.

OCCUPATION:

NUMBER:

SIGNATURE OF WITNESS TO MARK

DATE:
 YYYY MM DD

SECTION "E" - TO BE COMPLETED BY FATHER'S EMPLOYER (Cont'd)

1. EMPLOYER'S NAME:

2. *EMPLOYER'S ADDRESS:
 (STREET)

 (CITY/DISTRICT/COUNTY)

3. TELEPHONE NUMBER: --

4. REGISTRATION NUMBER:

5. (a) Actual week of delivery begins Monday:

 YYYY MM DD

(b) Sixth week before actual date of delivery begins Monday:

 YYYY MM DD

**TABLE IA
WEEKLY RATE OF PAY**

State weekly Rates of Pay for the 13 week period BEFORE the week indicated as the actual Date of Delivery in Section 5(b).

(a) WK NO.	(b) DATE			(c) ACTUAL EARNINGS	
	YYYY	MM	DD	\$	c
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
Total					

FOR OFFICIAL USE ONLY

WEEK	CLASS
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	

EMPLOYER'S DECLARATION

I declare that to the best of my knowledge and belief the information given by me is true and correct and I am aware that if there is any statement in this declaration which is false in fact or which I know or believe to be false or do not believe to be true, I am liable on summary conviction to a fine of three thousand dollars (\$3,000.00) and to imprisonment for two years in accordance with Sect 33, NI Act Chap 32:01.

NAME: SURNAME

OTHER NAME(S)

POSITION

**COMPANY
STAMP
(If any)**

SIGNATURE _____

DATE:
 YYYY MM DD

INSTRUCTIONS TO APPLICANT

1. Use **BLOCK/CAPITALS** to complete this Form.
2. The **Special Maternity Grant** is payable to the mother of the child/children using the father's contributions.
3. Where the mother does not satisfy the contribution requirements for **Maternity Benefit** in her own right or where the mother is unemployed, the father's contribution will be used to qualify her for the **Special Maternity Grant**.
4. Only one (1) **Special Maternity Grant** is allowed every twenty-four (24) consecutive months.
5. The **Special Maternity Grant** is a lumpsum payment equivalent to the **Maternity Grant** of \$2,500.00 per child.
6. Your form must be accompanied by:
 - (a) **NI 4** - if applicant does not have a **National Insurance Number**.
 - (b) **Marriage Certificate** if applicant is legally married.

OR

 - (b) Where both mother and father are in a common-law union, evidence of:
 - (1) co-habitation at the time of delivery of the child/children and
 - (2) marital status of both mother and father,
 - (c) **Birth certificate(s)** of child/children and supporting statutory declaration(s) (if necessary).