

Claim for States pension

In accordance with the Agreement between the States of Guernsey and the Government of the Republic of Latvia on Social Security

Pensions & Allowances helpline number:- +44 (0) 1481 222506 Completed forms should be returned to:- Social Security

Edward T Wheadon House

Le Truchot

St Peter Port, Guernsey

GY1 3WH

Email pensionsallowances@gov.gg

Part 1: To be completed by all claimants

Please note, this claim form must be returned within 3 months of reaching pension age. If returned after this date, it will be treated as a late claim, which may result in loss of benefit.

Personal Details						
Social Security Number						
First names(s)						
Surname						
Date of birth	Day	Month	Year			
Please confirm that your b	oirth cert	ificate is	enclose	ed?	Yes N	0
Address						
Post code						
Telephone number						
Email address						

FOR OFFICE USE ONLY		Letters/Documents date sent
Prepared	Approved	

SP 1 - LV 1

Part 2: To be completed by women who were married, divorced or widowed

Marriage Detail			r	Married Divorced	4 '	Widowed	4
			•		•		•
Marital status at 3	1/12/20	03					
Details of the man	you wer	re marrie	ed to / o	divorced from / wido	wed b	y at 31/1	L2/200
Full name							
Date of birth	Day	Month	Year	Date of marriage	Day	Month	Year
f you are still married certificate.	to the mar	n named a	bove and	I he is under pension age	, please	enclose his	s birth
Place of marriage							
_	t your m	narriage	certifica	ate is enclosed?	Yes		No _
Please confirm that Has the man you w contributions to G Date of Divorce	vere mar	ried to /	/ divorc	ed from / widowed l		1/12/200	
Please confirm that Has the man you we contributions to Gontributions to G	vere mar uernsey (ried to / Social Se	divorcecurity?	ed from / widowed I	oy at 3 Yes	1/12/200)3 evei
Please confirm that Has the man you vecontributions to Go Date of Divorce (if applicable) If you were divorced paths information as you	vere mar uernsey a Day rior to 31 [Social Se Month	/ divorcecurity? Year 2004 ple	ed from / widowed l	y at 3 Yes	1/12/200	O3 ever
Please confirm that Has the man you we contributions to Go Date of Divorce (if applicable) If you were divorced p	vere mar uernsey a Day rior to 31 [Social Se Month	divorcecurity? Year 2004 pleent may b	ed from / widowed I	Yes papers rmer hu	1/12/200	No Orm. We

Certificate Verification	
Please read number 7 of the enclo people completing Part 2 above.	sed notes. A marriage certificate is only required for
Father's full name	
Mother's full name	
Mother's name before marriage	

SP 1 - LV 2

Part 4: To be completed by all claimants

Name of Bank

Account Number

Account holder/s name/s

Branch

Sort Code

Have you ever live			•	Yes		No	
If 'Yes' please com	plete the aeta	ails below		contribu	ou paid utions to ountry?	Are you a pension	
Country	From	То	Insurance Number	Yes	No	Yes	No
	write to them	to see if y	Guernsey and the ognored to grants	•	•	u have live	ed
Payment details	5						
States pension is p details below. If yo complete the inter	ou want to be	paid into	a Latvian or overse		•		

Part 6: To be completed by all claimants

Declaration					
I understand that to give false information or to make a false claim renders me liable for prosecution.					
I claim States pension. I declare that to the best of my knowledge and belief all statements made on this form are true and complete. I undertake to notify Social Security of any changes in my circumstances.					
I authorise Social Security to furnish to the State Social Insurance Agency of Latvia all the information documents which relate or could relate to this application. I understand that such information may be shared digitally or in hard copy.					
Signature Date					
Documents enclosed? Yes No					
Please note . This claim form must be returned within 3 months of reaching pension age. If returned after this date, it will be treated as late, which may result in loss of benefit.					
How we collect and use information					
The Committee <i>for</i> Employment & Social Security will process any personal data which you provide, via this form, in accordance with the Data protection (Bailiwick of Guernsey) Law, 2017. Further information about how your personal data is processed can be found at www.gov.gg/dp or alternatively you may call 01481 222500 and request a paper copy.					

Please return the completed form to the address on the front page

If you need more information or have any questions, please contact us:

Phone: +44 (0)1481 222506

Email: pensionsallowances@gov.gg

Website: www.gov.gg/statespension

SP 1 - LV 4