



SOCIAL SECURITY BOARD - BELIZE

APPLICATION FOR REGISTRATION NUMBER / SOCIAL SECURITY CARD

THIS SECTION FOR OFFICIAL USE ONLY

Enter Social Security Number assigned to Applicant:

Application TYPE: NEW RENEWAL (EXPIRED) DAMAGED LOST CARD
 STOLEN CARD NAME CHANGE CHANGE IMMIGRATION STATUS

SSB RECEIPT #: _____

POLICE RECEIPT #: _____

PARTICULARS OF APPLICANT - (SECTIONS A, B, C, D, E and F TO BE COMPLETED IN PRINT BY APPLICANT)

WARNING: IT IS AN OFFENSE TO GIVE FALSE INFORMATION

A. General Information:

First Name _____ Middle Name _____

Last Name _____ Maiden Name (Of Married Women) _____

Has name been changed by Deed Poll or otherwise? Yes No

Sex: Male Female Date of Birth: _____
DAY MONTH YEAR

Place of Birth: _____
City/Town/Village District Country

Nationality 1: _____ Nationality 2: _____

B. Contact Information:

Address: House No. _____ Street _____ City/Town/Village _____ District _____

P.O. Box No. _____ City/Town _____ Phone No. _____ E-mail Address _____

C. Family Information:

| Particulars | Social Security No. | First name | Middle name | Last Name |
|---|---------------------|------------|-------------|-----------|
| Mother's Information (<i>for Last Name provide Maiden Name</i>) | | | | |
| Father's Information | | | | |

D. Marital Information: (Only one marital status applies)

| | | |
|----|--|-----------------|
| 1. | Single: <input type="checkbox"/> Yes <input type="checkbox"/> No | DAY/MONTH/YEAR |
| 2. | Married to: | Marriage Date: |
| 3. | Legally Separated from: | Effective Date: |
| 4. | Divorced from: | Effective Date: |
| 5. | Widow/er of: | Effective Date: |
| 6. | Common-law of: | Effective Date: |

E. Registration of Beneficiary for the purpose of entitlement to Survivors or Death Benefit as applicable:

CAUTION: The registration of beneficiary shall automatically exclude all other persons from being beneficiaries and the reference to "husband" or "wife" shall refer to such registered beneficiary only; **provided** that where there is a legal marriage to any person other than the named beneficiary, it is necessary to present proof that you are not legally obliged to maintain the spouse of such marriage.

I understand the full implication of this declaration and I am aware that I can cancel the registration of this beneficiary at any time by doing so in writing to SSB with required proof.

| Relationship to Beneficiary: I declare the following person as my beneficiary: | | | | |
|--|------------|-------------|-----------|---------------|
| Social Security Number | First Name | Middle Name | Last Name | Date of Birth |
| | | | | |

Signature of Applicant _____ Date _____

(If applicant cannot write, he should mark a cross thus (X) with an SSB Officer present) _____

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F: Documentation Submitted: (Original and Valid Documents must accompany this application)

| Primary Documents: | Number | Date of Issue (DAY/MONTH/YEAR) | Date of Expiry (DAY/MONTH/YEAR) |
|--|--------|-----------------------------------|------------------------------------|
| Belize Birth Certificate | | | |
| Belize Passport | | | |
| Nationality Certificate | | | |
| Deed Poll | | | |
| Adoption Certificate | | | |
| Permanent Residence | | | |
| Temporary Work Permit | | | |
| CSME - <input type="checkbox"/> Stamp <input type="checkbox"/> Certificate <input type="checkbox"/> Dependent | | | |
| Condition Stamp | | | |
| Dependent of: <input type="checkbox"/> Work Permit Holder <input type="checkbox"/> Permanent Residence Holder | | | |
| Parent's ID (Minors only) | | | |
| Other (Specify) | | | |

| Secondary Documents: | Number | Date of Issue (DAY/MONTH/YEAR) | Date of Expiry (DAY/MONTH/YEAR) |
|---|--------|-----------------------------------|------------------------------------|
| Marriage Certificate | | | |
| Photo ID (Signed by Justice of the Peace) | | | |
| Voters ID | | | |
| Passport from country of origin | | | |
| Birth Certificate from country of origin | | | |
| Cedula/Documento Personal de Identificación (DP1) | | | |
| Declaration | | | |
| Other (Specify) | | | |

| Beneficiary Documents: | Number | Date of Issue (DAY/MONTH/YEAR) | Date of Expiry (DAY/MONTH/YEAR) |
|---------------------------------|--------|-----------------------------------|------------------------------------|
| Legal Separation | | | |
| Divorce Decree | | | |
| Court Order | | | |
| Other Legal Documents (Specify) | | | |

THIS SECTION FOR OFFICIAL USE ONLY

Officer Conducting Interview: _____
Name in Print Signature Date

Officer Verifying Documents: _____
Name in Print Signature Date

Data Entry Officer: _____
Name in Print Signature Date

Data Entry Verifying Officer: _____
Name in Print Signature Date