Pensions Administration Branch

**Statutory Declaration of Status**

**INSTRUCTIONS:**

1. This form is to be completed in **BLOCK CAPITALS** using black or blue ink.
2. Tick (✓) boxes where applicable.
3. Please read the instructions overleaf before completing this form.

**Date**:

**Taxpayer Registration Number (TRN):**

|  |  |  |
| --- | --- | --- |
| First Name | Middle Name(s) | Surname |
|  |  |  |

|  |  |
| --- | --- |
| Mailing Address | Contact Information |
|  | Mobile No. |
| Home No. |
| Email: |

**Declaration**

I, the undersigned whose information stated above make this solemn declaration conscientiously believing the same to be true, and by virtue of the Voluntary Declarations Act, that at the date of my separation from the public service, I was:

Never Married Divorced Widowed Married

**And**

Without Child/ren Youngest Child over 19 years  Child/ren Deceased

Youngest Child under 19 years  Other \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Signature of Declarant***

**Witness**

Stamp or Seal here

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Taken and acknowledged this | | |  | | | day of |  | | | | **20** |  | before me | |
|  | | | [Day] | | |  | [Month] | | | | [Year] | |  |  |
|  | |  |  | | | |  |  | | | | | | |
| [First Name] | |  | [Middle Name (s)] | | | |  | [Last Name] | | | | | | |
| Justice of the Peace/Notary Publicin the Parish/State/Province of | | | | | | |  | | | | | | | |
|  | | | | | | | [Parish/State/Province] | | | | | | | |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Signature of Witness***

**Information Guide**

|  |  |
| --- | --- |
| **When to use this form** | This form is to be used when applying for a refund of contribution to the Pensions (Civil Service Family Benefit) Scheme and/or Pensions Scheme. |
| **Statutory Declaration** | A statutory declaration is a written statement that the declarant signs and declares to be true and correct in the presence of an authorised witness.  By signing it, you agree that the information in it is true. |
| **Witness** | An authorized person who is appointed to witness the signature of the declarant. An authorized witness in this instance is either a Justice of the Peace or Notary Public.  The section labelled “witness” on the form is to be completed by such authorized witness. |
| **Stamp/Seal** | The witness in all circumstances must affix his official stamp or seal to the document. |
| **Filling in this Form** | If not filling in this form electronically, please write in **BLOCK CAPITALS** using a **black** or **blue** inked pen.  Mark boxes like this with a tick ✓ or X. The Declarant should mark one box depicting his/her marital status and the other indicating his or her child/children age at the date of separation from the public service.  Check that you have filled in all the relevant sections and that you have signed and dated the form. |

For more information you may contact the Pensions Administration Branch, Ministry of Finance and the Public Service at:

Switchboard: 876 922 8600

Direct lines: 876 932 5046 / 876 932 5047 / 876 932 5040 / 876 932 5272

Email: [pensionsclientservices@mof.gov.jm](mailto:pensionsclientservices@mof.gov.jm)

Query by way of letter maybe addressed to:

Senior Director, Pensions Administration

Ministry of Finance and the Public Service

30 National Heroes Circle

Kingston 4, Jamaica