TP PNG 266
Intro Jun 73

File No: _____

Papua New Guinea Defence Force Pensions Act

APPLICATION FOR WIDOW'S AND/OR CHILDREN'S PENSION

NOTES:

1. The following documentary evidence should be furnished with this application:
(1) Certificate of Marriage; (2) Certificate of Death of husband; (3) Certificate of children under 18 years of age at date of husband's death.
If any of these documents cannot be furnished, other documentary evidence to the satisfaction of the Board must be supplied.

2. +The signature to this application must be witnessed by a Commissioner for Declarations; a person in charge of a post office; Police Stipendiary, or Special Magistrate; Justice of the Peace; Barrister or Solicitor; Public officer. Member of the Police Force; Legally Qualified Medical Practitioner; Notary Public; Commissioner for Affidavits; Minister of Religion; Bank Manager; or an adult contributor under the Commonwealth Superannuation Act or the Papua New Guinea Defence Force Pensions Act.

3. A person shall not make any false or misleading statement in any information required or given for the purposes of, or in connection with any matter arising under the Act or Regulations.

Surname of applicant:	Other names:	
Place of birth:		Date of birth:
Surname of applicant before marriage:	Place of marriage:	Date of marriage:
Surname of late husband:	Given names:	Service No:
Former force(s):	Place of death:	Date of death:

CHILDREN UNDER 16 YEARS AT TIME OF MEMBER'S DEATH (Children adopted by your husband who were dependent on him at the date of his death and under 16 years of age are to be included. If there are no children this should be stated.)

Other names:	Date of birth:	Other names:	Date of birth:

Are the above children supported by you? If no, state name of guardian:

Yes: ☐ No: ☐

In applying for a pension under the provisions of the Papua New Guinea Defence Force Pensions Act, I hereby declare that, to the best of my knowledge and belief, the above information is true and correct in every particular.

Signature of Witness: _____ Date: _____/_____/_____

Signature of Applicant: _____ Date: _____/_____/_____

Occupation: _____ Address: _____

Address of Applicant to which cheques should be forwarded:

_____

_____

_____

File No: _____

DETAILS OF DECEASED MEMBER TO BE SUPPLIED BY DEPARTMENT

Date of Birth:	Date of Entry to service:	Date of death:
Rank (as defined by the Act) at date of death:	Pay (as defined by the Act) at date of death:	Fortnightly contribution: K_____
Date last contribution deducted:	Variation Schedule No:	Pay day date:

Authorized Officer:

_____ _____/_____/_____ _____

(Signature) (Date) (Place)