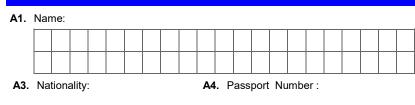
First Time: Update:



PA-F101R4

FOREIGN WORKER DEPENDANTS' DECLARATION FORM

A. FOREIGN WORKER'S DETAILS



A2. Foreign Workers Social Security Number (FWSS)

A5. Identity Number in Country of Origin:

B. DEPENDANTS' DETAILS

B1. Correspondence Address:

No.	Name of Dependants	Date of Birth	Relationship with worker	Identity Number In Country of Origin	Phone Number	Email Address
1						
2						
3						
4						
5						

B2. Dependants' bank account details in origin country are as follows:

Bank Name	Bank Address	Bank Account / IBAN No.	Swift Code	BSB Code / IFSC Code (if any)	

C. DECLARATION

I hereby declare the person (s) named in Table (B) to receive the amount payable to me by the worker's Social Security Organization on account of any of the cash benefits on my death. In the event of any dependants predeceasing me, the living persons at the time of my death shall receive their respective shares.

	Thumb impression/signature of worker in the presence of:	If the Foreign Worker cannot read and write in English, the wit- ness must sign the following:
Thumb impression/Signature	Signature of Witness Name of Witness	I certify that the foregoing Declaration before being completed by the Foreign Worker has been audibly, clearly and distinctly read over to the Foreign Worker in
	e information as stated in this form as final and will be used in good faith. ne information, please update the information via the ASSIST portal.	Signature of Witness Name of Witness

Nationality

DEFINITION OF "DEPENDANT"

"Dependant" means any of the following relatives of a deceased insured person, namely:

a) For married Foreign Worker —

A widow or widower and/or a unmarried child aged below 21 years

b) For unmarried Foreign Worker ----

Parents and/or a unmarried siblings aged below 21 years

OBLIGATION TO REPORT CHANGE OF DEPENDANTS' DETAILS

a) If there are any changes of Dependants' details, Insured Person (Foreign Worker) has to report to the Social Security Organization by updating the '**Dependants' Details**' section of this Form.