## **CHILD ALLOWANCE CLAIM FORM**

Application on new appo	ointment		
Application for addition	al child allowance		
Name of officer:		Payroll No:	
Post Title:		Post No:	
Ministry:	Depar	tment:	
Location:	Emplo (N.B. Must be	yment Status: a permanent officer or <u>no</u> entitlement	exists)
Is your spouse or de-fact pays child allowances:		nt or an employee of a Government	Agency which
If your answer is yes, ple	ease state name of spouse	:	
What Department/Gove	rnment Agency does he o	or she work in:	
Does Your Spouse or de the Government (Only one spouse can claim th	facto partner receive a C	Child Allowance from Yes No	
Has Ministry HRO conf	irmed this with other Min	nistry: Yes No	
NAMES AND DATE OI	F BIRTH OF YOUR CH	IRLDREN:	
Name of children	Date of birth	Natural or adopted child	

DOCUMENTS REQUIRED:	
(Please attach <u>copies</u> of these documents relati	ng to the child)
<ul><li>Birth Certificate</li><li>Adoption certificate (if certified by chief, no</li></ul>	eeds to be countersigned by magistrate).
CERTIFICATION:	
I hereby certify that the information provided a	bove is true and correct.
I also certify that I have legal custody of the abo	ove children and I am financially responsible for them.
I also understand that any false declaration madentitled may be subject to disciplinary action by	de by me to obtain a child allowance to which I am not y the Public Service Commission.
SIGNATURE:	DATE:
	HIN THREE MONTHS OF COMMENCING BIRTH OF A NEW CHILD FOR THE ALLOWANCE CTOR/DIRECTOR GENERAL:
Name:Si	gnature:
Name of Department:	Date
Name of Ministry:	
OR IN THE CASE OF DIRECTORS-GENE	ERAL AND STAFF OF THE OPSC
APPROVED/NOT APPROVED BY SECRE	CTARY, OPSC:
Name:Si	gnature:
DateName of Ministry (if	applicable):
For Office Use Only	
OFFICER INFORMED ON:	
DEPARTMENT OF FINANCE INFORME	D ON: