

Do you agree to your hospital records being obtained by the Manager of Social Security for the assistance of the Medical Board or Medical Referee in their consideration and assessment of you claim? (Yes/No)

DECLARATION

(WARNING: TO GIVE FALSE INFORMATION MAY RESULT IN PROSECUTION.)

I declare that to the best of my knowledge and belief, the information given above is true and complete. I claim disablement benefit accordingly.

Signature

Date:

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