



FALKLAND ISLANDS GOVERNMENT
STATEMENT REQUEST OF PENSION CONTRIBUTIONS

- FI Pension Number (if known): _____
- Mr / Mrs / Miss / Ms / Other: _____
- Full Name: _____
- Maiden Name (if applicable): _____
- Address: _____

- E-Mail Address: _____
- Telephone Number: _____
- Date of Birth: _____
- Place of Birth: _____
- Are you single, married, widow, widower or divorced?: _____

If married or divorced, please give details of your spouse and relevant dates for both current and any previous marriages:

- Please state the periods you were ordinarily resident in the Falkland Islands from the age of 17 (disregard temporary absences such as holidays and medical)

Signature

Date

**Please return the completed form to: Pensions Office
The Treasury,
Stanley**