



**Self-Declaration Form for SWS Elderly Member who has no
Citizenship/Resident visa in Overseas Country**

Elderly Member's Information (<i>Fakamatala fekau'aki mo e toulekeleka</i>)	
Surname: <i>(Hingoa Famili)</i> Given names: <i>(Hingoa)</i>	MemberID: <i>(Fika ID)</i> Tongan Passport No.: <i>(Fika Paasipooti)</i>
Address: <i>(Tu'asila)</i> Telephone : <i>(Telefoni)</i>	Date of Birth: <i>('Aho Fa'ele'i)</i> Gender <i>(Male/Female):</i> <i>(Tangata pe Fefine)</i>
<p>Declaration of not receiving any social welfare benefits in overseas country: <i>(Fuakava 'oku 'ikai ke ma'u ha monu'ia penisoni mei ha fonua muli)</i></p> <p>I, _____ (name) hereby declare that I hold a Ko au _____ (hingoa) 'oku ou fie fuakava heni 'oku 'i ai 'eku</p> <p>Citizenship/Permanent Resident/Overstay in _____ (country); Please complete this section below pepa nofo fonua muli pe nofo 'ova 'i _____ (fonua); Katakai 'o fakafonu mai 'a e kongā 'i lalo</p> <p>Check the box that applies to you Faka'ilonga'i 'a e puha kapau 'oku hoko 'a e ngaahi me'a ni kiate koe</p> <p>I. <input type="checkbox"/> I do not receive any social welfare benefits. 'Oku 'ikai teu ma'u ha monu'ia mei ha fonua muli</p> <p>II. <input type="checkbox"/> I am receiving social welfare benefits. (If checked, please fill out II.a) 'Oku ou ma'u monu'ia nofo fonua muli. (Kapau 'oku ke tali 'IO, katakai 'o fakakakato 'a e kongā II.a</p> <p>II.a Date of last receiving social welfare benefits _____ / _____ / _____ 'Aho faka'osi 'o e ma'u monu'ia pensioni mei muli (Date) (Month) (Year) (Aho) (Mahina) (Ta'u)</p>	
<p>I certify that the information provided above is correct and true. <i>('Oku ou fakamo'oni fakapapau heni ko e ngaahi fakamatala 'oku 'oatu 'i 'olunga 'oku tonu mo mo'oni)</i></p> <p>I fully understand that if I have provided any false or misleading information, I shall be liable to refund the total paid amount under the Government Social Welfare Scheme to the Fund; otherwise, the Fund may take further necessary legal actions against me. <i>('Oku mahino kiate au kapau teu 'oatu ha ngaahi fakamatala 'oku ta'emo'oni mo hala, kuopau keu fakafoki kotoa 'a e ngaahi pa'anga kotoa pe na'e totongi mai kiate au 'e he Sino'i Pa'anga 'i he Polokalama foaki me'a'ofa 'a e Pule'anga ma'ae kau toulekeleka; ka 'ikai, 'e fakahoko leva 'e he Sino'i Pa'anga 'a e ngaue fakalao kiate au.)</i></p> <p>Elderly Member's Signature: _____ Date: _____ <i>(Fakamo'oni 'a e Toulekeleka)</i> <i>(Aho)</i></p> <p>Carer's Name & Signature: _____ Date: _____ <i>(Hingoa & Fakamo'oni 'a e Tauhi)</i> <i>(Aho)</i></p> <p>Witnessed by: _____ Date: _____ <i>(Fakamo'oni 'a e 'Ofisa Ngaue)</i> NRBF Officer <i>(Aho)</i></p>	

OFFICE USE ONLY:

Arrival Date: _____

Recommendation: _____

Recommended by: _____ **Date:** _____
Social Welfare Division

Approved by: _____ **Date:** _____
Chief Executive Officer