KINGDOM OF SAUDI ARABIA

Form No. 31/Annuities

This application should be associated with:

APPLICATION FOR PAYMENT OF THEIR'S BE!	NEFITS
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	e of the insured	e man mente de provincio seguino.				2. Social	Insurance	No.		<u> III</u>		1			in educational or vocational d brothers who are over 21 ge.
			#*************************************	44		4. DATA CO	NCERNIN	G WIDOW	/S			File No :			
er. 0.	Names of widows	Date of birth or age	Date of marriage	Is she Pregnant (Yes / No)	If she is receiving another annuity, enter the S.I. No.			Address of authorized payee			Signature or thumb print of applicant		The divorcee widow is eligible for annuities if the death happened during the waiting period pertaining to such divorce.		GENERAL REMARKS Article 62/302 of the social Insurance Law Provides that "without
				ļ				*******************************			•••••			***************************************	prejudic to any penalty
_		•		ļ										***************************************	more severe provided
_															in other laws, any pers
				I											who internationally gi- incorrect information
			·		5. 1	DATA CONC	EKNING S	ONS & BR	OTHERS						, the purpose of obtaining
**	Name of sons & brothers	Date of birth Certificate must be enclosed	Relationship		Was the insured supporting him? (Yes/NO. If he is employed enter the monthly income		Is he student? (YES/NO)	ent? receiving			of aut	Name & Capacity authorized payee	Address of authorized payee	Signature or thumbprint of applicant	for himself or for anoth any undue compensations shall be penalized with
															fine of 250 to 2000 Riya and if the violator has
2															been previously
_				***************************************			***************************************	***************************************							sentanced for in correc
		•					***************************************			***************************************		······································			information submitted
				***************************************		L DATA CONCI	DNINC D	LUCUTED	c e cicr	200					for the same purpose, t said limits shall be
						Was she			If she is			*			doubled. In addition to
	Name of laughters & sisters	Date of birth or age certificate must be enclosed	Relationship		onship Was the insured supporting her? (YES/NO)		since dat of death?	Has she married ince date if death? If yes, how date of marriage		e and	If she is receiving another annuity, enter the S.I. No.			Signature or thumbprint of applicant	this fine, the violator's be sentenced to pay to General Organization
															civil damages double t
															amounts unduly paid t him by the General -
				***************************************					-						Organization on the ba
_	***************************************			***************************************				00000000000000000000000000000000000000							of such information".
	***************************************			***************************************											
he fatl	ner is less than 60 year					IATA CONCI						·····			
	Name of parent Father / Moth Date of birt Birth certific Must be euck		e able to w	ork? su	Was the insured aporting him/her/ (YES/NO)	her? receiving annuit		ther is g another ty, enter LL No.			Address of authorized pa		d payee Signature or thumb print of applicant		
ither									***************************************						
other									••••	~~~~~	******************************				
			8. We, th	e signatures, c	ertify that the ab	ove data and	signatures a	ire correct:	and authe	itic. (To be	signed by	two witnesses):			
	Name of Witness	of Witness Sig		tness Signature A		Address	Nationality Card (Tabiah) No.				Date of issue		Place of issu	Place of issue	
()		***************************************	onnere e e e e e e e e e e e e e e e e e							erionomonios.					
		······································			***************************************			•		······································		~~~~~		***************************************	