

PARTICULARS REQUIRED PURSUANT TO SECTION 22 (2) OF THE NATIONAL HOUSING TRUST ACT (1979)

I, the Claimant for the contributors' refunds pursuant to Section 22 (2) of the above Act, do solemnly and sincerely declare the particulars stated in the Schedule hereunder.

SCHEDULE

1. (a) Full name of the deceased:
 - (b) Occupation of the deceased:
 - (c) Last place of employment :
and address :
2. (a) Date of death :
 - (b) Did the deceased die as a result of an accident? :
 - (c) If so, state nature, date and place of accident :

3. Last fixed place of abode. If abroad also state last Jamaican address (Give District and Parish):
4. Name and address of person who paid funeral expenses:

5. Did the Deceased leave a Will? If yes, give names and addresses of:
Person in possession of Will
- Each Executor named in the Will 1.

2.
3.

.....
.....

**6. State below the relatives of the deceased who were alive at the date of his death.
Give names and Addresses.**

Spouse (includes an unmarried person
who cohabited with the deceased for a
period of not less than five (5) years
immediately before the date of his/her
death)

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Relations	Name	Date of Birth	Address
(a) Sons			
(b) Daughters			
(c) Parents			
(d) Brothers			
(e) Sisters			
(f) Grandparents			
(g) Uncles			
(h) Aunts			

7. State below the relatives of the deceased who died before the deceased.

- (a) Spouse
- (b) Parents
- (c) Grandparents

Relations	Name	Date of Death	Names, Ages and Address of their Children
(a) Sons			
(b) Daughters			
(c) Parents			
(d) Brothers			
(e) Sisters			
(f) Grandparents			
(g) Uncles			
(h) Aunts			

And I make this solemn declaration conscientiously believing the same to be true and by virtue of the Voluntary Declarations Act.

TAKEN, ACKNOWLEDGED and DECLARED by the said:

..... Name of Declarant Signature of Declarant

This day of 20

Before me Name of J.P. Address of Declarant

..... Signature of J.P. for the Parish of:

(To be completed by Justice of the Peace where declarant has to sign by making his/her mark ('X')).

Signed by the said

By making his/ her mark 'X' he/she being unable to read and write after this document had been read over to him/her and after he/she expressed himself/herself fully to understand same in the presence of

..... Name of J.P.

..... Signature of J.P. Date