



APPLICATION FROM EMPLOYEE TO BE RETIRED ON ACCOUNT OF PERMANENT ILL-HEALTH, PHYSICAL DISABILITY OR SEVERE BODILY INJURY

**PORTION A:**

(To be completed by employee's supervisor in block letters)

1. Initials and Surname \_\_\_\_\_
2. ID Number \_\_\_\_\_ 3. Pension Number \_\_\_\_\_
4. Designation \_\_\_\_\_
5. Employing Local Authority \_\_\_\_\_
6. According to a report received from \_\_\_\_\_ you are no longer capable of performing your present duties.

**PORTION B:**

Nature and Permanency of disability (To be completed by employer)

1. Nature \_\_\_\_\_

1.1 The following illness, injury or mental deviation renders me incapable of discharging my current duties:

\_\_\_\_\_

1.2 I experience the following symptoms and it restricts my ability to work as follows:

\_\_\_\_\_

1.3 I have approached the following medical practitioners and/or other professional persons in this regard:

\_\_\_\_\_

1.4 I am now spending my days as follows:

2. Permanency of disability

2.1 Can you in your opinion resume your duties within the next 6 months? Please motivate.

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**PORTION C:**

Retirement

1. In view of the circumstances of my case as stated in portion B above, I hereby apply to be retired on account of permanent ill-health, physical disability or severe bodily injury subject to the conditions of the relevant pension regulations.
  
2. I have no objection to/ I object to any further medical reports and evidence regarding my state of health as may be required by the Committee of Management, being obtained, including a further medical examination by impartial medical practitioners when my case is dealt with by the Committee. (Delete portion not applicable)

**PORTION D:**

General

Please supply any other information which in your opinion may influence the application:

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Signed at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF EMPLOYEE

\_\_\_\_\_  
SIGNATURE OF WITNESS