



SOLOMON ISLANDS GOVERNMENT

MINISTRY OF PUBLIC SERVICE

**LONG AND DEDICATED SERVICE BENEFIT
(GO Chapter F, Section 29)**

Application Form

Name of Officer: Date of Birth:

Ministry: Designation:

Substantive Level: Basic Pay:

Bank account:

Date of first appointment into Public Service:

Date officer left the Public Service:

Reason for leaving the Public Service:

(a) Resignation

(b) Redundant

(c) Retirement

(d) Death**

(*Tick where appropriate)

Length of Service:years

Contact Address: Telephone:

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Signature of Applicant: Date:

**** Claimant must provide legitimate documentations to support he/her application. Recognized supporting documents would include signed Statutory Declaration Form, Death Certificate, and or Marriage Certificate.**