

### SPECIAL PENSIONS ADMINISTRATION

#### Service Record Addendum Form Service to Political Parties

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**Section 1: Identification**

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1. Name of person who served: \_\_\_\_\_  
Surname All given names
2. ID number of person who served: \_\_\_\_\_  
Specify ID number and issuing government
3. Name of person who is applying for pension: \_\_\_\_\_  
Surname All given names
4. ID number of person applying for pension: \_\_\_\_\_  
Specify ID number and issuing government
5. Address of person applying for pension: \_\_\_\_\_  
Address where applicant currently resides
6. Contact No. (TEL) of Person applying for pension: \_\_\_\_\_  
Telephone number where applicant currently resides

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**Section 2: Service Record Description**

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7. Name of organisation served: \_\_\_\_\_  
Submit separate forms for each political party served
8. Year that organisation was joined: \_\_\_\_\_  
Specify MM/YYYY that the party was officially joined
9. The Special Pensions Act of 1996 requires that you be “engaged full time in the service of a political organisation “ in order to Qualify for a Special Pension. Please provide all of the following information regarding your service to your political organisation in the chart on the back of this form. Do not include any periods of part-time service.

In signing this affidavit, I affirm that I understand all of the questions and information requested and further affirm that all information I have provided on this form is complete and true. I understand that, in order to meet the requirements of the Special Pensions Act of 1996, its amendments and policies, that the service described on this affidavit was full time in the service of the political organisation provided in Question 6. The information provided on this form replaces any other information I have provided on any other document for the purpose of application for a Special Pension.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Printed legal name

\_\_\_\_\_  
Date /DD/MM/YYYY

\_\_\_\_\_  
Location where this form was signed

Commissioner of Oaths Seal

Commissioner of Oaths  
must sign, print full name,  
Name of official organisation  
position within organisation  
and contact details

**DESCRIPTION OF ALL FULL - TIME PERIODS OF SERVICE**

Please complete all spaces for each period of service

Period	Date Service Started (MM/YYYY)	Date Service Ended (MM/YYYY)	Operational name(s) Used	Specify location(s) Where service occurred (Township, etc.)	Specify Political Party branch where service occurred	Supervisor's name (legal or operational alias)	Full-time? (Yes/No)
1							
2							
3							
4							

Use more than one line only if there was more than one continuous period of service.