## OLD AGE AND DISABILITY PENSIONS ACT (CHAPTER 18)

# OLD AGE AND DISABILITY PENSIONS (PENSION OR ALLOWANCE) RULES

S 55/1959

**1984 Edition, Chapter 18**Amended by
S 26/2001

**REVISED EDITION 2017** 

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[Subsidiary]

#### SUBSIDIARY LEGISLATION

## OLD AGE AND DISABILITY PENSIONS (PENSION OR ALLOWANCE) RULES

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B.L.R.O. 1/2017

[Subsidiary]

#### SUBSIDIARY LEGISLATION

#### Rules made under section 23

## OLD AGE AND DISABILITY PENSIONS (PENSION OR ALLOWANCE) RULES

Commencement: 4th March 1959

#### Citation

1. These Rules may be cited as the Old Age and Disability Pensions (Pension or Allowance) Rules.

#### Interpretation

2. In these Rules —

"claim" means a claim for a pension or allowance;

"District Office" means the District Office at Bandar Seri Begawan, Kuala Belait, Seria, Temburong and Tutong;

"penghulu or ketua kampong" means the headman of a village or kampong, approved and remunerated by Government.

#### Service of notices etc.

**3.** Any notice or other document required or authorised to be given or sent to any person or to the Controller under the provisions of these Rules is deemed to have been given or sent if it was sent by post, in the case of any person, to that person at his ordinary or last known address or, in the case of the Controller, to the Government Offices, Bandar Seri Begawan, or addressed to him and handed in at any District Office.

#### Claims

- **4.** (1) Every claim for a pension shall be made in writing or typescript on the appropriate forms as set out in the Schedule to be obtained from a District Office, and shall bear either the signature or the right thumb print of the claimant.
- (2) Printed forms of claims together with such other leaflets and forms issued by the Controller of Pensions shall be obtainable from each of the District Offices, free of charge.
- (3) A claim, whether complete by the claimant or by some other person on his behalf, shall be treated as having been made on the day when the form, duly completed, is received at the appropriate District Office.

### Old Age and Disability Pensions

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#### Filing of claims

A claim may be made at any time not more than 3 months before the date on which it appears that the claimant will be entitled to a pension or allowance.

#### Reporting change of circumstances

**6.** Every pensioner shall comply with any directions which may be given by the Pensions Officer as to reporting any change of circumstances which may affect the payment of, or his right to, his pension or allowance.

#### Notice of decision

- 7. (1) The Pensions Officer shall give notice in writing of his decision or any claim, application or question to the claimant, or to a person acting on his behalf on the appropriate form as set out in the Schedule.
- (2) A copy of the decision of the Controller on any claim or question referred to him under the provisions of section 14 shall be authenticated by the signature of the Controller or Deputy Controller.

#### Appeals in writing

The reference of a claim to the Controller under section 14 by a person aggrieved by a decision of the Pensions Officer on that claim shall be made in writing on the appropriate form as set out in the Schedule to the District Office of the area in which the person resides.

#### Payment of pensions

- 9. (1) Every penghulu or ketua kampong shall each month, on a day to be determined by the Controller after consultation with the District Officer, obtain from his District a list of the pensions in his area, together with the monies to pay their pensions and allowances and shall deliver the pensions or allowances to the pensioners as soon as may be and shall obtain a receipt therefor as provided in rule 10.
- (2) The penghulu or ketua kampong shall affix his own signature or thumbprint to each completed list in the space provided as an indication that he has paid every person on that list.
- (3) Notwithstanding subrule (1), pensions and allowances may also be paid through the banking system or in such other manner as the Controller thinks fit.

[S 26/2001]

**CAP. 18, R 2** 

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#### **Receipt of pensions**

10. Every pensioner shall be required to acknowledge the receipt of his pension or allowance by affixing his signature or his thumbprint, as the case may be, to the approved form of receipt.

#### **Forms**

11. The forms as set out in the Schedule shall be used in all cases to which they are applicable, and slight deviations from such forms, or necessary alterations thereto not affecting the substances, is not deemed to vitiate any such form.

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## **SCHEDULE**

(rules 4, 7(1), 8 and 11)

## FORMS

FORM A (P.3) (O.A.P)

(rule 4)

Name	
Address	
Male or Female	
Race	
Place of birth	
Occupation	
Length of residence in Brunei Darussalam.	
DECLARATION —	
	ledge and belief I am years old. quired. I make my thumbprint as a token that
Signature or right thumbprint	

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SCHEDULE — (continued)

FORM A (P.3) (O.A.P.) (rule 4)

#### CERTIFICATE —

The claimant is well known to me as	nd I can vouch for the truth of this claim.
Name	
Occupation	
Date	
Signature or right thumbprint	

FORM B (P.5)

(rule 7(1))

#### GOVERNMENT OF BRUNEI DARUSSALAM PENSION SCHEME

The Pensions Officer has pleasure in informing you that your recent claim for a pension or allowance has been successful. The pension will be at the rate \$ per month and will be paid to you each month by your headman. He will require you to give a receipt by signing your name or by impressing your right thumbprint on his paysheet as a token that you have received the correct amount.

	<b>Pensions Officer</b>
Date	

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### SCHEDULE — (continued)

## FORM C (P.6)

(rule 7(1))

### GOVERNMENT OF BRUNEI DARUSSALAM PENSION SCHEME

	nim for a pension or allowance, the Pensions our claim because
	Pensions Officer
	Date
(Appeal from the above decision can be Form D (P.7) which you can get from yo	e made direct to the Controller of Pensions on ur District Office.)
(Copy to District Office)	
FOF	RM D (P.7)
(	(rule 8)
GOVERNMENT OF BRUNEI	DARUSSALAM PENSION SCHEME
Name	
Address	
	wish to appeal against the rejection of my peal is based on the following grounds —
Signature or right thumbprint of applicant	

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## SCHEDULE — (continued)

## FORM E (P.4)

(rule 6)

District Office
Name
Present address
* Change of circumstances
* (To be completed in the case of change of address, death, remarriage, disqualification, etc.)
Reported by
Recorded by
Date