| | NAME OF INSURED PERSON | |
|---------|-------------------------------------------------------------------------------------------------|--------------------------------------|
| | | (Block Capital) |
| | NATIONAL INSURANCE NUMBER | |
| ADDI | RESS | |
| | | |
| DATE | | |
| TO: | The General Manager National Insurance Scheme Brickdam & Winter Place Georgetown - Guyana | |
| Dear S | Sir/Madam, | |
| t shall | be/have been residing | with effect |
| from . | and therefo | re will be unable to attend the Post |
| Office | or National Insurance Office for the purpose of encashing my National Insu | rance Vouchers. |
| | quently approval is hereby sought from the National Insurance Board for the | |
| | (Name of Representative) | |
| whose | signature appears below as my representative in Guyana to receive and give | receipt on behalf of all sums of |
| | which may become due, owing and payable to me by the National Insurance | |
| | entative shall be full discharge to the National Insurance Board and fund for | |
| | | |
| | enclosed a Pension Order Book with Vouchers Numbered from | |
| ю | | |
| | | |
| | | of Pensioner/ Applicant |
| NB: | If Pensioner / Applicant cannot sign he/she should make his/her mark which should be witnessed. | |
| | Mark of Pensioner / Applicant: | ** |
| | Witness to Mark | |
| | | |
| | Address of Witness | |
| | Date | |
| | | |
| SIGN | ATURE OF REPRESENTATIVE | *********** |
| DATE | | |
| | | |
| l | bereby declare that Co | mrades |
| | and | |
| appear | red before me today | their names in the space provided. |
| | Canina Off | icer NIS/Consulate Officer |
| | Semor On | THE LATE COMPANIE CHIECE |

MUST BE SIGNED BEFORE A SENIOR OFFICER OF NATIONAL INSURANCE OR A GUYANA CONSULATE OFFICER IN THE COUNTRY WHERE APPLICANT RESIDES.

Delete which is inapplicable