

NATIONAL INSURANCE - GUYANA

P.O. BOX 101135, GEORGETOWN

Website: www.nis.org.gy.

APPOINTMENT TO ACT AS REPRESENTATIVE FOR PERSON UNABLE TO ACT

(In accordance with Sect. 17 of Reg. 27 of 1969)

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*Mr./Ms:

Address:

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Permission is hereby granted for you to receive all sums of money payable as

benefit on behalf of Mr./Ms.....

*Insured/Deceased Insured Person's
National Insurance Number:

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PLEASE NOTE:

1. This appointment is subject to withdrawal at any time at the discretion of the National Insurance Board.
2. You may resign this position after giving the National Insurance Board one month's notice in writing.
3. In the event of the death of the beneficiary named above, this appointment ceases immediately.
4. This document is only valid for a period of six (6) months from the date of issue, and must be submitted to the National Insurance Office for renewal.

Yours sincerely,

**General Manager
For National Insurance Board**

*Delete where inapplicable