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The General Manager
National Insurance Scheme
Brickdam & Winter Place
Georgetown

Dear Sir

NOTIFICATION OF LOST FORM MC-C2/MC-2/DMC-C1

I, a contributor/pensioner with National Insurance Number
(Full Name)

hereby report that form MC-C2/MC-2/DMC-C1 Serial No. for the obtaining of free visual/dental care was lost/not delivered to me and has not been submitted to any optometrist/dentist by me.

I solemnly promise that should I subsequently find or receive the said form MC-C2/MC-2/DMC-C1, Serial No. I will return it to the National Insurance Office at..... and that I will not attempt to use it otherwise.

I understand that I may be prosecuted under the Laws of Guyana for any false statements, representations or declarations I may make and that I may forfeit this benefit.

Yours faithfully

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Signature or Mark of Contributor/Pensioner

Witness to Signature or Mark of Contributor/Pensioner

NAME:

ADDRESS:

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