	NAME OF INSURED PERSON	
		(Block Capital)
	NATIONAL INSURANCE NUMBER	
	RESS	
DATE		
TO:	The General Manager National Insurance Scheme Brickdam & Winter Place Georgetown - Guyana	
Dear S	Sir/Madam,	
I shall	be/have been residing	with effect
from .	and theref	fore will be unable to attend the Post
Office	or National Insurance Office for the purpose of encashing my National Ins	surance Vouchers.
	equently approval is hereby sought from the National Insurance Board for the	
•••••	of	
whose	e signature appears below as my representative in Guyana to receive and give	ve receipt on behalf of all sums of
money	which may become due, owing and payable to me by the National Insuran	ace Board. Any receipt given by my
repres	entative shall be full discharge to the National Insurance Board and fund for	or such sum.
T 1		
	enclosed a Pension Order Book with Vouchers Numbered from	
10		
		e 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		
	hereby declare that C	
	and	
appear	red before me today	I their names in the space provided.

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

Senior Officer NIS/Consulate Officer

Delete which is inapplicable