	NAME OF INSUREI	O PERSON	(D11- C
			(Block Capital)
	NATIONAL INSURANC	CE NUMBER	
ADDRESS		CONTACT#.	
		DATE	
EMAII	L ADDRESS		
ТО:	The General Manager		
	National Insurance Scheme Brickdam & Winter Place		
	Georgetown - Guyana		
	·		
Dear Si	ir/Madam,		
	be/have been residing		
•••••	a	nd therefore will be un	able to attend the Post Office or
Nationa	al Insurance Office for the purpose of encashing my Nationa	al Insurance Vouchers.	
Conseq	quently approval is hereby sought from the National Insuran	ce Board for the appoin	ntment of
-	of		
,	(Name of Representative)		
	signature appears below as my representative in Guyana to	-	•
	may become due, owing and payable to me by the National	•	receipt given by my representative
	e full discharge to the National Insurance Board and fund fo enclosed a Pension Order Book with Vouchers Numbered fi		4
	enclosed a Pension Order Book with Vouchers Numbered in	·OIII	10
• • • • • • • • • • • • • • • • • • • •			
	Date	Signature of Pens	sioner/ 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		
SIGNA	ATURE OF REPRESENTATIVE		
DATE		CONTACT#	
	hereby		
	and and	1	
appeare	ed before me today(Date)	and signed their na	ames in the space provided.
	(Date)		

 $\frac{\text{MUST BE SIGNED BEFORE A SENIOR OFFICER OF NATIONAL INSURANCE OR A GUYANA CONSULATE}{\text{OFFICER IN THE COUNTRY WHERE APPLICANT RESIDES.}}$

Senior Officer NIS/Consulate Officer

Delete which is inapplicable

P300F3A R0 Revision Date; October, 2019