



# AUTHORIZATION TO PAY A REPRESENTATIVE

You must present this form along with:

1. Your proof of identification - i.e., a passport, work ID, voter's card, etc.; and
2. The National Insurance card of the person on whose behalf you are acting,

**TO: The Local Office Manager**  
The National Insurance Board

I, \_\_\_\_\_ of \_\_\_\_\_ street address

N.I. #           Tel # \_\_\_\_\_ Email \_\_\_\_\_

*do, hereby, authorize the National Insurance Board to accept (Mr./ Mrs./ Miss):*

\_\_\_\_\_ surname given name

*as my Representative in the collection of my* \_\_\_\_\_ *Benefit/Assistance.*  
type of payment

*I also, hereby, agree that in granting this authorization to release my payment(s) to my representative, I release the National Insurance Board from any responsibility for my receiving it/them.*

## PARTICULARS OF REPRESENTATIVE \_\_\_\_\_

NAME: \_\_\_\_\_ N.I. #

P. O. Box \_\_\_\_\_ Street Address \_\_\_\_\_

Telephone: \_\_\_\_\_ (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c)

Signature or Mark of Pensioner/Claimant: \_\_\_\_\_

Witness to Mark: \_\_\_\_\_ Date: \_\_\_\_\_ day/month/year

Particulars of Witness: \_\_\_\_\_  
Address Telephone Email

### IMPORTANT, PLEASE NOTE:

Any person who, for the purpose of obtaining a benefit under the National Insurance Act, either for himself or some other person, makes any false statement or false representation, or produces any false documents, etc, shall be liable to a fine not exceeding \$2,500, or to imprisonment for up to twelve months, or both.

