

NATIONAL INSURANCE - GUYANA

P.O. BOX 101135, GEORGETOWN

Website: www.nis.org.gy.

**APPOINTMENT TO ACT AS REPRESENTATIVE FOR PERSON
RESIDING OVERSEAS**

(In accordance with Sects. 41 and 42 of Reg. 33 of 1969)

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*Mr/Ms:

Address:

.....

.....

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

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

who is currently residing overseas.

*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.

Yours Sincerely,

**General Manager
For National Insurance Board**

*Delete where inapplicable

Form P-1¹