

TO: NATIONAL INSURANCE BOARD  
c/o General Manager  
National Insurance Scheme  
Brickdam and Winter Place  
GEORGETOWN  
Website: www.nis.org.gy.

NOMINATION OF PERSON TO ACT

I ..... of .....  
(Name) (Address)

N.I. Number ..... do hereby declare that I am unable to attend  
the Post Office/National Insurance Office in my districts for the purpose of encashing my National  
Insurance Voucher due to .....

(Reason for being unable to act)

I further declare that I have nominated .....  
of .....

(Address)

whose signature appear below and who is my .....

(Relationship)

to receive and/or recover all sums of money from the National Insurance Board which are payable  
to me and upon thereof to make settlement as is required for the same.

Any settlement so made shall be a full and proper discharge of indemnity of liability to the  
National Insurance Board.

PERSON NOMINATED TO ACT

I .....  
do accept the nomination to act for and on behalf

.....  
Signature of Pensioner

of .....

.....  
Date

.....  
Under conditions set out above.

If Pensioner cannot sign he/she  
Should make his/her mark  
which should be witnessed

.....  
Signature of Person Appointed

Mark of  
Pensioner

.....  
National Identification Number of Nominee

WITNESS:

.....  
Name of Witness

.....  
Address of Witness