BARBADOS

SOCIAL SECURITY

CHANGE OF ADDRESS/PAYEE/BANK

DIRECTOR OF NATIONAL INSURANCE

Sir:

I.....

hereby authorise you to pay all monies due to me in respect of Benefits under the National Insurance Scheme to * .....

Name

.....

Address

My former address .....

.....

My former bank was .....

NATIONAL REGISTRATION NUMBER | | | | | | - | | | | - |

NATIONAL INSURANCE NUMBER | | | | | | |

PAYEE'S REGISTRATION NUMBER | | | | | | - | | | | |

PAYEE'S NATIONAL INSURANCE NUMBER | | | | | | |

TYPE OF BENEFIT /PENSION .....

Yours faithfully,

.....

Signature

Date: .....

***Note:** A LIFE CERTIFICATE is required to be submitted to this office **EVERY TWO MONTHS** if your pension is authorised to be paid to someone other than yourself or to a bank account.