



MINISTRY OF HUMAN SERVICES & SOCIAL SECURITY

PROBATION AND SOCIAL SERVICES DEPARTMENT

APPLICATION FOR CHANGE FROM COUPONS TO RECEIVING PAYMENT OF OLD AGE PENSION (OAP) THROUGH AN AUTHORISED BANK

To: The Permanent Secretary
Ministry of Human Services & Social Security
357 Lamaha and East Streets
North Cummingsburg
Georgetown

Dear Permanent Secretary,

Please be advised that I agree to change from Coupons to receiving **payment of OLD AGE PENSION through an Authorized Bank** and give below, necessary particulars to allow you to make arrangements in this regard:

PARTICULARS OF PENSIONER

- (a) Name: _____
- (b) National ID #: _____ PP#: _____ Client Gender: Male Female
- (c) AGE: _____ Email: _____
- (d) Present Address: _____
- (e) Telephone #: Landline _____ Mobile _____

PARTICULARS OF THE AUTHORISED BANK WHERE PAYMENT IS DESIRED

- (a) Name of Bank: _____
- (b) Address of Branch: _____
Where account was opened
- (c) Name(s) on Account: _____
- (d) Bank Account No: _____
- (f) Bank Account type: Savings Chequing

SURRENDER OF VOUCHER BOOKLET

I, _____, of my own free will, surrender my voucher booklet to the Ministry of Human Services & Social Security in favour of having my pension paid to me via the authorised Bank Account.

SHARING OF BANK INFORMATION DETAILS

I, _____, hereby acknowledge and agree that my Authorised Bank Account information will be shared only with the relevant personnel within the Ministry of Human Services & Social Security and any other person/s connected with the process of having my Pension paid to me via the Authorised Bank Account.

WAIVING MY RIGHT TO BE PAID IN PERSON IN ACCORDANCE WITH THE OLD AGE PENSIONS ACT, CAP. 36:03

I, _____, of my own free will, hereby waive my right to be paid my Pension in person, in accordance with the Old Age Pensions Act, Cap. 36:03, in favour of having my Pension paid to me via the Authorised Bank Account provided for in this Form.

Respectfully,

DATE

Pensioner's Signature/Thumb-Print

FOR OFFICIAL USE ONLY

PENSIONER'S NAME:

(Please print)

PLACE OF SUBMISSION:

RECEIVED BY:

(MHSS Officer's Name - Please print)

SIGNATURE:

DESIGNATION:

FIRST BANK PAYMENT DATE:

APPROVED BY:

DATE:
