MINISTRY OF HUMAN SERVICES & SOCIAL SECURITY

PROBATION AND SOCIAL SERVICES DEPARTMENT

APPLICATION FOR CHANGE FROM COUPONS TO RECEIVING PAYMENT OF OLD AGE PENSION (OAP) OR PUBLIC ASSISTANCE - PERMANENT DISABILITY (PA-PD) THROUGH AN AUTHORISED BANK OR AN AUTHORISED MMG ACCOUNT

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 or PUBLIC ASSISTANCE - PERMANENT DISABILITY through option B - an Authorized Bank or option C - an Authorized MMG Account** and give below, necessary particulars to allow you to make arrangements in this regard:

Service required:

☐ Old Age Pension ☐ Public Assistance – Permanent Disability

A. PARTICULARS OF RECIPIENT

(a) Name: _____

(b) Beneficiary (PA-PD): _____

(c) National ID #:_____ **PP#:**_____

(d) Client Gender: ☐ **Male** ☐ **Female**

(e) AGE: _____ **Email:** _____

(f) Present Address: _____

(g) Telephone #: Landline_____ **Mobile** _____

B. 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: _____

(e) Bank Account type: ☐ **Saving** ☐ **Chequing**

(f) Is this an active account? ☐ **Yes** ☐ **No**

(g) Stamp and Signature of Bank:

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 benefits 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 and Social Security and any other person/s connected with the process of having my benefits paid to me via the Authorised Bank Account.

C. PARTICULARS OF THE MMG ACCOUNT WHERE PAYMENT IS DESIRED

(a) **Name of Subscriber:** _____

(b) **MMG number on Account:** _____

(c) **Is the sim prepaid or postpaid?** **Prepaid** ☐ **Postpaid** ☐

SURRENDER OF VOUCHER BOOKLET

I, _____, of my own free will, surrender my voucher booklet to the Ministry of Human Services & Social Security in favor of having my benefits paid to me via the Authorized MMG Account.

SHARING OF MMG INFORMATION DETAILS

I, _____, hereby acknowledge and agree that my Authorized MMG Account information will be shared only with the relevant personnel within the Ministry of Human Services and Social Security and any other person/s connected with the process of having my benefits paid to me via the Authorized MMG Account. Further, I acknowledge and agree to notify the relevant personnel within the Ministry of Human Services and Social Security of any changes to my MMG account, including changes to my mobile number and the status of the account.

WAIVING MY RIGHT TO BE PAID IN PERSON IN ACCORDANCE WITH THE POOR RELIEF ACT CAP. 36:02 OR THE OLD AGE PENSIONS ACT, CAP. 36:03

I,_____, of my own free will, hereby waive my right to be paid my benefits in person in accordance with the Poor Relief Act Cap. 36:02 (Public Assistance -Permanent Disability) or Section 13 of the Old Age Pension Act, Cap. 36:03 (Pension), in favour of having my benefit paid to me via the Authorised Bank Account or MMG account provided for in this Form.

Respectfully, Date

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Recipient's Signature/Thumb-Print

FOR OFFICIAL USE ONLY

RECIPIENT'S NAME: _____
(Please print)

PLACE OF SUBMISSION: _____

RECEIVED BY: _____
(MHSSS Officer's Name- Please print)

SIGNATURE: _____

DESIGNATION: _____

DATE: _____

FIRST BANK PAYMENT DATE: _____

APPROVED BY: _____

DATE: _____

✂……..

Ministry of Human Services & Social Security *(To be given to the Applicant)*

Full Name: …….. ID/PP #: ……..

CLAIMED SERVICE

☐ Public Assistance - Permanent Disability (Bank)

☐ Public Assistance - Permanent Disability (MMG) Application

Date: ……

Probation & Social Services Officer Name: ……..

Signature: ……

Date: ……