		NAME OF INSURED PERSON:								•••••
			(BLOCK LETTI				LKS))		
		NATIONAL INSURANC	E NUMBER:							
		ADDRESS:								
		DATE:								
TO:	The General Manager National Insurance Scheme Brickdam & Winter Place Georgetown – Guyana									
Dear S	ir/Madam,									
	<u>APPLICATIO</u>	ON FOR PENSION TO BI (OVERSEAS PENSION)		HE BA	<u>NK</u>					
	esirous of having my National val is hereby sought from the N									•••
I have	enclosed a Pension Order Boo	k with Vouchers Number	ed from							
•••••	•••••	to	•••••	•••••	fo	r th	ne per	iod		
•••••	•••••	to	•••••	•••••	•••••	••••	•••••	••••	••••	
My Ac	count Number is	•••••								
•••••	DATE		SIGNATURE OI						CAN	Γ
NB:	(Please note that the transaction will attract a small processing fee to the Bank) 3: If Pensioner / Applicant cannot sign he / she would make his/her mark, which should be witnessed.									
1,2,		<u> </u>			51100		00 111		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Mark of Pensioner /Applicati	ion:	•••••							
	Witness to Mark:	•••••	••••							
Address of Witness:										
	••••		••••							
	Date:		•••••							
SIGNA	ATURE OF BANK REPRESE	NTATIVE:		•••••						
DATE	:	<u></u>	•••••	•••••						
BANK	STAMP:									
I		hereby declare t	that Mr./Ms		••••	••••			a	nd
	•••••	-								
signed	their names in the space provi	ided.								
DA	 ГЕ	 9	Senior Officer N	IS / Co	nsul	ate	Office	 er		

MUST BE SIGNED BEFORE A SENIOR OFFICER OF NATIONAL INSURANCE OR A GUYANA CONSULATE OFFICER IN THE COUNTRY WHERE APPLICANT RESIDES.