

BENEFIT PAYMENT AUTHORISATION

(PLEASE PRINT)

(FOR OFFICIAL USE)

CLAIM NUMBER:

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TO: MANAGER, _____ SERVICE CENTRE

Dear Sir/Madam

Please forward my cheques for _____ Benefit to:
(Type of Benefit)

NAME OF BANK/CREDIT UNION: _____

ADDRESS OF BANK/
CREDIT UNION: _____

ACCOUNT NUMBER:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

NAME OF CLAIMANT: _____
(SURNAME) (OTHER NAME(S))

ADDRESS: _____

NATIONAL INSURANCE NUMBER:

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PENSION NUMBER:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

IDENTIFICATION: TYPE : PASSPORT DRIVER'S PERMIT E I D
(Tick appropriate box)

NUMBER:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

DATE:

YYYY				MM				DD												

(SIGNATURE OR MARK OF CLAIMANT)

PARTICULARS OF WITNESS TO MARK (Where Claimant Cannot Sign)

NAME: _____
(SURNAME) OTHER NAME(S)

ADDRESS: _____

OCCUPATION: _____

IDENTIFICATION: TYPE : PASSPORT DRIVER'S PERMIT E I D
(Tick appropriate box)

NUMBER:

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DATE:

YYYY				MM				DD												

(SIGNATURE OF WITNESS)