

THE NATIONAL INSURANCE BOARD
BENEFIT PAYMENT AUTHORISATION
(PLEASE PRINT)

NI 184A

(FOR OFFICIAL USE)

CLAIM NUMBER:

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TO: MANAGER, _____ **LOCAL OFFICE**

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:

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

ADDRESS: _____

NATIONAL INSURANCE NUMBER:

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PENSION NUMBER:

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IDENTIFICATION: TYPE: PASSPORT DRIVER'S PERMIT E I D
(Tick (✓) Appropriate Box)

NUMBER:

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DATE:

Y Y Y Y M M D D

(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:

Y Y Y Y M M D D

(SIGNATURE OF WITNESS)