



NATIONAL INSURANCE SCHEME
DIRECT DEPOSIT INFORMATION FORM



Permanent Secretary
Ministry of Labour & Social Security
14 National Heroes Circle
KINGSTON 4

DATE:

Dear Sir/Madam,

I hereby request that my National Insurance Scheme (NIS) pension be deposited on a monthly basis to my local bank account by the 15th day of each month. My personal information and the details of the bank account to which I would like to have the monthly pension payment deposited are outlined below:

PENSIONER'S PERSONAL INFORMATION

PENSIONER'S NAME*:
PENSION NUMBER(S)*:
TAXPAYER REGISTRATION NUMBER (TRN)*:
PENSIONER'S ADDRESS*:
TELEPHONE NUMBER(S):
E-MAIL ADDRESS:

PENSIONER'S BANKING INFORMATION

NAME OF BANK*:
BRANCH WHERE ACCOUNT WAS OPENED*:
BANK ACCOUNT NUMBER*:
TYPE OF ACCOUNT (SAVINGS OR CHEQUING)*:

PLEASE NOTE THAT ALL FIELDS MARKED WITH AN ASTERISK (*) ARE MANDATORY

Yours sincerely,

Pensioner's Signature

Date

DISCLAIMER

The Applicant agrees and warrants that the account provided is a legitimate account to which a NIS benefit can be paid and therefore indemnifies the Ministry against any loss or damage suffered as a result of any error in the account information provided herein. The Applicant shall at all times, indemnify and save harmless the Ministry (including its officers, agents and employees), of and from all loss and damage and all actions, claims, costs, demands, expenses, fines, liabilities and suits of any nature whatsoever for which the Ministry shall or may become liable, incur or suffer by reason of making payments through the transfer of funds to the account specified by the Applicant. The Applicant's obligations under this authorisation shall survive the termination of the arrangement between the Ministry and the Client, whether by expiration of time or otherwise.

WITNESS' CERTIFICATE AND SIGNATURE

I HEREBY CERTIFY THAT (indicate appropriate response below):

- (a) the pensioner signed the above declaration in my presence.
(b) the pensioner made the necessary mark to the above declaration in my presence. The contents of the foregoing claim/declaration were first carefully read over and explained to the pensioner, who, being unable to read or write, in order to express full understanding of their meaning to vouch thereto, affixed the necessary mark as aforesaid.

I ALSO CERTIFY THAT the pensioner is known to me and that the particulars given above are correct to the best of my knowledge and belief.

TO BE WITNESSED BY A JUSTICE OF THE PEACE, ATTORNEY OR MEDICAL PRACTITIONER

NAMEOccupation/Qualification
ADDRESS
Telephone No:Seal/Stamp

SIGNATURE

DATE

FOR OFFICIAL USE ONLY

Effective Date:

Certifying Officer:..... Date of Certification: