

**MINISTRY OF FINANCE**  
**LIFE CERTIFICATE**

PENSION TYPE  
NATIONAL IDENTIFICATION #

Teacher, Public Officer, Parliament etc  
\_\_\_\_\_

I .....of .....  
SURNAME OTHER NAME ADDRESS

do hereby declare that .....  
NAME

of .....  
ADDRESS

Telephone # .....  
ADDRESS

and signed his name below:

Signature of Pensioner/ Thumb Mark: .....  
SIGN HERE Date: .....

Signature of Certifying Officer : ..... Date: .....

Qualification: .....

Witness to Thumb Mark 1. ....  
2. ....

**NOTE:** *This declaration must be made before an officer of the Guyanese Consulate in the Country in which the Pensioner resides or before a Notary Public, Commissioner of Oaths, Head of Department, Justice of the Peace, Minister of Religion or the Manager of a Bank. The official stamp of the person attesting to the fact of the pensioner being alive must be affixed.*

**WARNING:** *Any person who knowingly makes statement or false representation for the purpose of obtaining any payment for himself or some other person or furnished any document or information which he knows to be false in a material particular renders himself liable to prosecution.*

STANDING ORDER

.....  
.....  
.....  
.....  
..... 20

} USA  
Address

TO THE ACCOUNTANT GENERAL OF GUYANA

Sir,

Mr./Ms. PERSON'S NAME whose signature is placed hereupon is  
authorized by YOUR NAME to draw and receive full quittance and  
discharge for all sums of money falling due to YOUR NAME

All previous Standing Orders in this connection are hereby cancelled.

And oblige,

Sir,

Your obedient Servant.

SIGN HERE

Signature of Agent Authorised

Witness: .....

Witness:.....

General No. 18 C.G.



**NATIONAL INSURANCE - GUYANA**  
**APPLICATION FOR CHANGE OF ADDRESS ON RECORDS**

**A: PARTICULARS GIVEN AT TIME OF REGISTRATION**

- 1. Surname: ..... [redacted]
- 2. Other Names: ..... Aliases\* ..... [redacted]
- 3. Address: ..... [redacted]  
..... [redacted]  
..... [redacted]

} GUYANA

**B: CHANGES REQUIRED**

- a. Present Address: ..... [redacted]  
..... [redacted]  
..... [redacted]

} USA

**C: DECLARATION**

I request that my National Insurance Records be changed because:-

- My address has changed.
- My current address is temporary but I will return to the permanent address on (date): .....

My National Insurance Number is [redacted]

.....  
Date

[redacted] SIGN HERE  
.....  
Signature/Mark of Applicant

**FOR OFFICIAL USE**

Officers making and checking changes must sign their names and NOT initials.

List of Records to be changed	Signature of Officer Making Change			
	Amended by	Date	Checked by	Date

**Amendments verified**

**Date:** .....

.....

**Supervisor - Registration**

**Received by:**.....

**Office:**.....

NATIONAL INSURANCE - GUYANA  
APPLICATION FOR REPLACEMENT OF SOCIAL SECURITY CARD

**A. PARTICULARS GIVEN AT TIME OF REGISTRATION**

Name in Full (Please print): .....  
(Surname) ..... (Other Names) .....

If married female please state maiden name ..... Sex: M  F

Aliases .....  
(Any other names by which you are called) .....

Address .....

Date of Birth

Place of Birth .....

Occupation .....

Mother's name ..... Mother's Maiden name .....

Name of Employer .....

**B. DECLARATION**

I request a replacement of my social security card because .....

My National Identity Number is

My National Insurance Number is

SIGN HERE

Signature/Mark-Applicant .....

.....  
Date

**FOR OFFICIAL USE**

Receipt Number: ..... Date: .....

Social Security Card Number:

Issued on: .....

Social Security Card and Receipt posted on ..... Supervisor - Registration .....

MUST BE  
GIVEN WHEN  
SIGNED  
UP FIRST  
IN  
GUYANA



Note: Documents to be submitted in support of claim

1. Birth Certificate
2. National Registration Identity Card / **PASSPORT**
3. Social Security Card **NIS CARD**
4. (a) Affidavit / Deed Poll (if necessary)  
(b) Marriage Certificate (if necessary)
5. A list of your last four (4) Employers (if applicable)

PERIOD OF EMPLOYMENT	NAME OF EMPLOYERS	ADDRESS
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]

## NATIONAL INSURANCE AND SOCIAL SECURITY ACT, 1969

### CLAIM FOR OLD AGE BENEFIT

**WARNING:** Any person who knowingly makes a false statement or false representation for the purpose of obtaining any payment for himself or for some other person under the National Insurance and Social Security Act, Chapt. 36:01, or produces or furnishes any document of information which he knows to be false in a material particular, renders himself liable to prosecution.

Name of Insured Person  
(Block Letters)

**CURRENT NAME**  
(Surname)  
**CURRENT NAME**  
(Other Names)

National Insurance No:

[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
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Date of Birth:

[Redacted]

Address:

**CURRENT ADDRESS (USA)**

I, [redacted] declare that I \*have reached the age of 60/will reach the age of 60 on [redacted] Date

I have been a contributor to National Insurance and apply for Old Age Benefit.

I last contributed as an \*employed/self-employed person/voluntary contributor.

I last worked as an \*employed/self-employed person on [redacted] Date

My \*last/present employer's name and address \*was/is [redacted]

Name of Employer: [redacted]

Address: [redacted]

My \*husband's/wife's name is [redacted] and \*his/her Date of Birth is [redacted]

I have ..... \*child/children under 18 years as stated below Name(s) Date(s) of Birth

\* Delete where inapplicable

I have \*never/last made a claim for benefit at the National Insurance Office at: [redacted]

I wish to have payment made at the \*Post Office/National Insurance Office at: [redacted]

Indicate by a tick, which Pension you are already receiving:

Invalidity

Death

Survivors'

[redacted] SIGN HERE Signature of Claimant Date 20.....

If claimant cannot sign, he / she should make his / her mark, which should be witnessed.

Signature of witness to mark [redacted]

Address: [redacted]

Date: [redacted] 20.....

If application was made one (1) year after attaining age 60, please state reason(s) for the late submission. [redacted] FALL IF YOU'RE 60+ years or more.



NAME OF INSURED PERSON: YOUR NAME  
(BLOCK LETTERS)

NATIONAL INSURANCE NUMBER: 

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

ADDRESS: .....  
.....

DATE: .....

TO: The General Manager  
National Insurance Scheme  
Brickdam & Winter Place  
Georgetown – Guyana

Dear Sir/Madam,

I am desirous of having my National Insurance Vouchers deposited into my Bank Account. Consequently, approval is hereby sought from the National Insurance Board for the appointment of .....

..... to act as my Representative and  
(NAME OF BANK)

to receive and give receipts on my behalf for all sums of money, which may become due, owing and payable to me by the National Insurance Board. Any receipt given by my representative shall be full discharge to the National Insurance Board and Fund for such sums.

I have enclosed a Pension Order Book with Vouchers Numbered from .....  
to ..... for the period .....  
to .....

My Account Number is .....

.....  
DATE

SIGN HERE  
SIGNATURE OF PENSIONER

NB: If Pensioner cannot sign he / she would make his/her mark, which should be witnessed.

Mark of Pensioner: .....

Witness to Mark: .....

Address of Witness: .....

Date: .....

SIGNATURE OF BANK REPRESENTATIVE: .....

DATE: .....

BANK STAMP .....

I ..... hereby declare that Mr./Ms .....

NAME OF INSURED PERSON ..... YOUR NAME

(Block Capital)

NATIONAL INSURANCE NUMBER

[Redacted]

ADDRESS .....

[Redacted]

[Redacted]

DATE .....

TO: The General Manager  
National Insurance Scheme  
Brickdam & Winter Place  
Georgetown - Guyana

Dear Comrade

I shall be/have been residing ..... at the above address ..... with effect  
from ..... (YEAR) ..... and therefore will be unable to attend the Post  
Office or National Insurance Office for the purpose of encasing my National Insurance Vouchers.

Consequently approval is hereby sought from the National Insurance Board for the appointment of .....

..... of .....  
(enter name of representative)

whose signature appears below as my representative in Guyana and I have enclosed Pension Order Book, with  
vouchers number ..... to ..... to receive and give receipt on behalf of all  
sums of money which may become due, owing and payable to me by the National Insurance Board and receipt given  
by my representative shall be full discharge to the National Insurance Board, and Fund for such sums.

.....  
Date

..... SIGN HERE  
Signature of Pensioner

NB: If pensioner cannot sign he/she should make  
his/her mark which should be witnessed.  
Mark of Pensioner:

Witness to Mark .....

Address of Witness.....

Date .....

SIGNATURE OF REPRESENTATIVE .....

DATE .....

I ..... hereby declare that Comrades .....

..... and .....

Appeared before me today ..... and signed their names in the space provided

**NATIONAL INSURANCE & SOCIAL SECURITY ACT, 1969**  
**CLAIM FOR SURVIVOR'S BENEFIT**  
 (Under the Benefit Regulations, 1969)

**WARNING:** Any person who knowingly makes a false statement or false representation for the purpose of obtaining any payment for himself or for some other person under the National Insurance and Social Security Act, 1969, or produces or furnishes any document or information which he knows to be false in a material particular, renders himself liable to prosecution.

The General Manager, N.I.S. Date ..... 20.....

Name of deceased person .....  
 (Block Letters)

Address .....  
 LAST .....  
 ADDRESS.....

Date of Birth ..... Date of Death .....  
 (attach his/her birth certificate)

Deceased person's National Insurance Number  

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Name of last employer before death ..... GUYANA

Address of last employer ..... GUYANA

Was the deceased person in receipt of any benefit from NIS? Answer  Yes or  No

If 'Yes' please state type of benefit .....

Is claimant in receipt of any benefit from NIS? Answer  Yes or  No

If 'Yes' please state:-

(a) Type of Benefit .....

(b) National Insurance Number of Claimant  

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Is the Claimant the widow/widower of the deceased person? .....

If neither, state relationship .....

Date of Birth of Claimant .....

If the claimant is not the widow/widower of the deceased person, has he/she the care of the children of the deceased person? .....

Was the claimant married to the deceased person?  Yes or  No

If yes, attach marriage certificate and state date of marriage.....

Was the claimant wholly or partially dependent on the deceased person? .....

If the claimant is the widow, was she residing with the deceased person at the time of death?  Yes or  No

If she was receiving any payment, how much? .....

If a widower, has he any Income, including pension, from any source? .....

If so, how much? .....

Give the particulars of the children of the deceased person:-

Name of Child/ Children	Father's Name	Mother's Name	Date of Birth	Place of Birth

(Attach the birth certificate of each child under 18 years of age)

If the claim is made by a person having the care of the child/children\* of the deceased person state:-

- a) the name of the wife of the deceased person .....
- b) maiden name of wife .....
- c) address, if known .....
- d) if she is dead give the date of death .....

If the claim is being submitted later than three months after the death of the insured person, please state why it was not made earlier .....

**DECLARATION:**

I declare that the information given above is true and correct to the best of my knowledge and belief, and I claim Survivor's benefit under the Benefit Regulations, 1969, in respect of the above named deceased person.

(Mr./Mrs./Miss)\* **SIGN HERE** .....

(Signature/Mark of Claimant)

Name .....  
(In Block Letters)

Address .....

Telephone No.....

Witness to mark .....

Address .....

**\* Death cert.  
\* Marriage cert.  
\* Your ID/Passport  
\* Your Birth cert.**



**NATIONAL INSURANCE AND SOCIAL SECURITY ACT 1969**

**CLAIM FOR FUNERAL GRANT**

**WARNING:-** Any person who knowingly makes a false statement or false representation for the purpose of obtaining any payment for himself or for some other person under the National Insurance and Social Security Act, 1969, or produces or furnishes any document or information which he knows to be false in a material particular, renders himself liable to prosecution.

**PART 1**

**PARTICULARS OF DECEASED INSURED PERSON**

SURNAME OF DECEASED INSURED PERSON .....  
(Block Letters)

OTHER NAMES .....  
(Block Letters)

N.I. No. OF DECEASED PERSON (if any) 

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LAST ADDRESS .....

NAME OF LAST EMPLOYER .....

ADDRESS .....

DATE OF BIRTH 

--	--	--	--

 DATE OF DEATH 

--	--	--	--

CERTIFIED CAUSE OF DEATH .....

OCCUPATION AT TIME OF DEATH .....

**PART 2**

**PARTICULARS OF CLAIMANT**

NAME OF CLAIMANT (SURNAME FIRST) .....  
(Block letters)

N.I. No. OF CLAIMANT (if any) 

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ADDRESS .....

TO: General Manager, National Insurance:

I hereby claim funeral grant in respect of the above-named deceased person by virtue of his/her/my\* National Insurance Contributions.

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

Are you related to the insured deceased person? **Yes/No\***

If related, in what capacity? .....

CLAIM FOR FUNERAL GRANT CONTINUED

I attach the documents listed below:-

1. A copy of the deceased person's certificate of death or cause of death.
2. His/her Social Security Card bearing number 

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3. Receipt(s) and/or bill for cost of funeral.

If any of the above documents are not submitted with this claim, please give reasons .....

.....  
.....

Date: ..... Signature or mark of claimant: SIGN HERE

Witness to mark where claimant cannot sign.

Name: .....

Occupation: .....

Address: .....

Date: .....



**National Insurance & Social Security Act, 1969**

**Application for Undrawn Benefit**

**Particulars of Deceased Insured Person**

1. Name of deceased person: [Redacted]
2. National Insurance No.: [Redacted]
3. Address: [Redacted]
4. Date of Birth:    D    M    Y                      Date of Death:    D    M    Y  
[Redacted]                      [Redacted]
5. Cause of Death: ..... [Redacted] .....
6. Was the deceased in receipt of any benefit?     Yes     No
7. Have you in your possession any uncashed payment vouchers issued in the name of the deceased?     Yes     No  
If so, kindly return voucher/vouchers with this application

**Particulars of Applicant**

8. Name of Applicant: [Redacted]
9. Address: [Redacted]
10. Are you related to the deceased insured person?     Yes     No
11. If you are, in what capacity? ..... [Redacted] .....
12. If not related, in what capacity are you making claim: Personal Representative , Administrator   
Legatee , Creditor
13. Did the deceased leave a Will?     Yes     No
14. If Probate or Letter of Administration has been granted, state below the name(s) and address(s) of the Executor(s)/Administrator(s).

Name	Address:
.....	.....
.....	.....
.....	.....

15. State the name and address of the person who has paid or is liable to pay the cost of the funeral expenses of the deceased insured person