



FOR INTERNAL PURPOSES ONLY

Claim No.

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Bank Lodgement

Please provide a copy of the header from your bank statement which bears the account number. **The part of the bank statement which has the financial details of your account is not required.** Alternatively, this form bearing the account number and official bank stamp would be adequate.

PERSONAL DETAILS

FULL NAME: _____
Name in full (Last Name, First Name, Middle Name) IN BLOCK CAPITALS

ADDRESS: _____

Postal code: BB

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National Insurance No.

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 National Registration No.

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E-mail Address: _____

Telephone No. _____ - _____ - _____ Cellular No. _____ - _____ - _____
Area Code Area Code

BANKING DETAILS

Your benefit will be paid directly to your account. It is important that you provide **ALL** the information that we ask for and that you ensure that the information is correct. If you send the form back with incorrect information, payment of your benefit will be delayed.

Account Name: _____

BANK	ACCOUNT NO.	BRANCH
Bank of Nova Scotia		
Barbados National Bank		
CIBC First Caribbean		
RBTT		
Bank of Butterfield		
RBC Royal Bank of Canada		

Please see overleaf

DECLARATION

Please read and sign below.

I have read and understand the information on this form. I declare that the information that I have provided on this form is correct.

DIRECTOR OF NATIONAL INSURANCE

I _____
Name in full (Last Name, First Name, Middle Name) IN BLOCK CAPITALS

of Address _____

hereby authorise you to lodge my _____ payments to my bank
(Type of Benefit)
account as stated overleaf.

Signature _____

Date: _____
Year Month Day