



# MINISTRY OF HUMAN SERVICES & SOCIAL SECURITY

## PROBATION AND SOCIAL SERVICES DEPARTMENT

### APPLICATION FOR CHANGE FROM COUPONS TO RECEIVING PAYMENT OF OLD AGE PENSION (OAP) THROUGH AN AUTHORISED BANK OR AN AUTHORISED MMG ACCOUNT

To: The Permanent Secretary  
Ministry of Human Services & Social Security  
357 Lamaha and East Streets  
North Cummingsburg  
Georgetown

Dear Permanent Secretary,

Please be advised that I agree to change from Coupons to receiving **payment of OLD AGE PENSION through option B - an Authorized Bank or option C - an Authorized MMG Account** and give below, necessary particulars to allow you to make arrangements in this regard:

#### A. PARTICULARS OF PENSIONER

- (a) Name: \_\_\_\_\_
- (b) National ID #: \_\_\_\_\_ PP#: \_\_\_\_\_ Client Gender:  Male  Female
- (c) AGE: \_\_\_\_\_ Email: \_\_\_\_\_
- (d) Present Address: \_\_\_\_\_
- (e) Telephone #: Landline \_\_\_\_\_ Mobile \_\_\_\_\_

#### B. PARTICULARS OF THE AUTHORISED BANK WHERE PAYMENT IS DESIRED

- (a) Name of Bank: \_\_\_\_\_
- (b) Address of Branch: \_\_\_\_\_  
Where account was opened
- (c) Name(s) on Account: \_\_\_\_\_
- (d) Bank Account No: \_\_\_\_\_
- (e) Bank Account type:  Saving  Chequing

(f) Is this an active account?  Yes  No

(g) Stamp and Signature of Bank:

**SURRENDER OF VOUCHER BOOKLET**

I, \_\_\_\_\_, of my own free will, surrender my voucher booklet to the Ministry of Human Services & Social Security in favour of having my pension paid to me via the authorised Bank Account.

**SHARING OF BANK INFORMATION DETAILS**

I, \_\_\_\_\_, hereby acknowledge and agree that my Authorised Bank Account information will be shared only with the relevant personnel within the Ministry of Human Services and Social Security and any other person/s connected with the process of having my Pension paid to me via the Authorised Bank Account.



**C. PARTICULARS OF THE MMG ACCOUNT WHERE PAYMENT IS DESIRED**

(a) Name of Subscriber: \_\_\_\_\_

(b) MMG number on Account: \_\_\_\_\_

(c) Is the sim prepaid or postpaid?                      Prepaid                       Postpaid

**SURRENDER OF VOUCHER BOOKLET**

I, \_\_\_\_\_, of my own free will, surrender my voucher booklet to the Ministry of Human Services & Social Security in favor of having my pension paid to me via the Authorized MMG Account.

**SHARING OF MMG INFORMATION DETAILS**

I, \_\_\_\_\_, hereby acknowledge and agree that my Authorized MMG Account information will be shared only with the relevant personnel within the Ministry of Human Services and Social Security and any other person/s connected with the process of having my Pension paid to me via the Authorized MMG Account. Further, I acknowledge and agree to notify the relevant personnel within the Ministry of Human Services and Social Security of any changes to my MMG account, including changes to my mobile number and the status of the account.

**WAIVING MY RIGHT TO BE PAID IN PERSON IN ACCORDANCE WITH THE OLD AGE**

**PENSIONSACT, CAP. 36:03**

I, \_\_\_\_\_, of my own free will, hereby waive my right to be paid my Pension in person, in accordance with the Old Age Pensions Act, Cap. 36:03, in favour of having my Pension paid to me via the Authorised Bank Account provided for in this Form.

Respectfully,

Date

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Pensioner's Signature/Thumb-Print

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**FOR OFFICIAL USE ONLY**

**PENSIONER'S NAME:** \_\_\_\_\_  
(Please print)

**PLACE OF SUBMISSION:** \_\_\_\_\_

**RECEIVED BY:** \_\_\_\_\_  
(MHSSS Officer's Name- Please print)

**SIGNATURE:** \_\_\_\_\_

**DESIGNATION:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**FIRST BANK PAYMENT DATE:** \_\_\_\_\_

**APPROVED BY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

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*Ministry of Human Services & Social Security*

*(To be given to the Applicant)*

Full Name: ..... ID/PP #: .....

**CLAIMED SERVICE**

Old Age Pension (Bank)

Old Age Pension (MMG)

Application Date: .....

Probation & Social Services Officer Name: ..... Signature: .....

Date: .....