

Application to authorise an occasional deputy to collect benefits/pension on my behalf

(For payments made by MiCard only)

How to complete this form

This form should be completed in CAPITAL LETTERS and in INK by the person entitled to the benefits/pension and returned to the Social Security Division, Markwell House, Market Street, Douglas IM1 2RZ.

Part 1 About you

Title (please tick one box) Mr Mrs Miss Ms Other

Surname

Other names

Address

Postcode

Date of birth Telephone number

National Insurance (NI) number

Part 2 About your deputy

In the event that I cannot visit the Post Office myself to collect any Social Security benefits/pension payable to me, I request that my benefits/pension are paid on my behalf to the following person –

Title (please tick one box) Mr Mrs Miss Ms Other

Surname

Other names

Address

Postcode

Date of birth Telephone number

National Insurance (NI) number

My deputy, who has signed at Part 3, is my (please state relationship – if any)

Please continue overleaf



Isle of Man
Government
Reilrys Eilan Vannin

The Treasury

Yn Tashtey

Form BP16 February 2017

Part 2

About your deputy (continued)

I understand that it is still my responsibility to tell the Treasury of any changes in my circumstances which may affect my entitlement to benefit/pension.

Your signature

Date

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Part 3

To be signed by the deputy

I undertake to collect any Social Security benefits/pension due to the person named in Part 1, if and when requested by them to do so, and pay the money to that person straightaway.

Deputy's signature

Date

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For office use only

BP16 authorised

Authorising Officer's signature

Date

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