

Customer and Local Services

P.O. Box 55, La Motte Street
St. Helier, Jersey, JE4 8PE
Tel: +44 (0)1534 444444
Fax: +44 (0)1534 447448

Our ref:
Your ref:

Date:

Claimants Social Security Number

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IMPORTANT: Please give this number whenever you write to this Department.

Claimants Name _____

Address _____

AUTHORITY FOR A PAYMENT TO AN AGENT

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(Agents Social Security Number)

I hereby authorise _____
(enter in ink full name and address of agent)

residing at _____

to receive on my behalf any payment of benefit now due, or which may become due to me during my present claim. My agent who has signed at *below in my presence is my _____
(state relationship (if any))

Claimants Signature _____ Date _____

*Agents Signature _____ Date _____

This form must be submitted to the Employment and Social Security Department before any payment can be made to the agent. Appointment of an agent may be cancelled at any time by the claimant on application, but otherwise remains valid for the duration of the current claim.

Privacy Statement

Social Security is registered as a Controller under the Data Protection (Jersey) Law 2018 as we collect and process personal information about you. For more information on how we use your data please go to our privacy statement on www.gov.je or request a written copy by phoning +44 (0) 1534 444444