## **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

present claim. My agent who has signed at *below in my presence is my	Our ref:	Date:
IMPORTANT: Please give this number whenever you write to this Department.  Claimants Name	Your ref:	
IMPORTANT: Please give this number whenever you write to this Department.  Claimants Name	Claimants Social Security Number	
Address	The state of the s	
Address		
AUTHORITY FOR A PAYMENT TO AN AGENT  (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	IMPORTANT: Please give this number	er whenever you write to this Department.
AUTHORITY FOR A PAYMENT TO AN AGENT  (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		
AUTHORITY FOR A PAYMENT TO AN AGENT	Claimants Name	
(Agents Social Security Number)  I hereby authorise	Address	
(Agents Social Security Number)  I hereby authorise		
(Agents Social Security Number)  I hereby authorise		
I hereby authorise	AUTHORITY FOR A PAYMENT TO AN	<u>I AGENT</u>
I hereby authorise		
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	(Agents Social Security Number)	
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	I horoby outhorico	
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	(enter in ink full name and address o	f agent)
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	residing at	
present claim. My agent who has signed at *below in my presence is my (state relationship (if any))  Claimants Signature		
present claim. My agent who has signed at *below in my presence is my (state relationship (if any))  Claimants Signature		
(state relationship (if any))   Claimants Signature		
*Agents SignatureDate	(state relationship (if any))	ed at "below in my presence is my
	Claimants Signature	Date
	*Agents Signature	Date

**Privacy Statement** 

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.

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