

Authority for Correspondence/Payment to an Agent

Date:								
Claimant's Social Security Number:								
IMPORTANT: please quote this nun	nber when	never you	ı conta	ict Cus	stome	r and I	_ocal \$	Services
Claimant's Name								
Address								
Agent's Social Security Number:								
Agent's Name								
I hereby authorise							r	esiding
to deal with all matters relating to So	cial Secu	rity Bene	fits an	d Pen	sions.			
My agent who has signed *below in relationship (if any))	my preser	nce is my	/					_(state
Claimant's Signature (in ink)				Date				
*Agent's Signature (in ink)				Date				

This form must be submitted to the Pension Team at Customer and Local Services before correspondence/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.

In accordance with the Data Protection (Jersey) Law 2018 the controller is registered with the Office of the Information Commissioner and the registration number is 17756. The information provided on this form will only be used to assist us with your application to appoint an Agent. The information provided will be stored on the secure Social Security database. We may check this information with other information we hold. We will not give information to anyone outside of the department unless the law allows us to, or failing that we will seek consent. Calls may be recorded for training and quality purposes. Find out more about how we use data in our Social Security privacy statement on www.gov.je or request a written copy by phoning 01534 44444.