



NATIONAL INSURANCE CORPORATION BANK ACCOUNT DETAILS FORM

By providing your account information for the purposes of payment of a benefit to you via direct deposit you agree that the National Insurance Corporation (the Corporation) will rely on the information which you provide for the processing of each payment of the benefit transmitted to you. You are responsible for providing the Corporation with accurate information including; the account number; the name of the Financial Institution; the Branch of the Financial Institution; and any other information determined by the Financial Institution, since payment to you will be processed on said information.

FIRST NAME:	<input type="text"/>	LAST NAME:	<input type="text"/>
NIC #:	<input type="text"/>	DATE OF BIRTH: YYYY/MM/DD	<input type="text"/>
EMAIL:	<input type="text"/>	TEL:	<input type="text"/>

ARE YOU SELF EMPLOYED? Yes No If not provide the name of your employer below.

NAME OF YOUR EMPLOYER:

BENEFIT TYPE – Please select the relevant benefit you are applying for:

REFUND

SHORT TERM

LONG TERM

SICKNESS BENEFIT
MATERNITY BENEFIT
MATERNITY GRANT
EMPLOYMENT INJURY BENEFIT
FUNERAL GRANT

INVALIDITY BENEFIT
RETIREMENT BENEFIT
SURVIVORS BENEFIT
DISABILITY BENEFIT
DEATH BENEFIT

NAME OF BANK:	<input type="text"/>	TYPE OF ACCOUNT: SAVINGS <input type="checkbox"/> CHEQUINGS <input type="checkbox"/>
BRANCH:	<input type="text"/>	
ACCOUNT NUMBER:	<input type="text"/>	ROUTING NUMBER: <input type="text"/>

I understand that I am solely responsible for any losses arising from the National Insurance Corporation's reliance on the account information provided, including but not limited to losses associated with funds being incorrectly credited to the wrong beneficiary.

SIGNATURE: _____ DATE: _____