

Trinidad and Tobago Police Retirees' Association

**AUTHORISATION FORM**

Ledger No: \_\_\_\_\_

Date Received: \_\_\_\_\_

I, \_\_\_\_\_, of \_\_\_\_\_

Regimental No. \_\_\_\_\_ holder of Trinidad and Tobago ID Card No. \_\_\_\_\_

and NIS No. \_\_\_\_\_ .

In accordance with the TTPRA's Authorization Policy, I Hereby Authorize

\_\_\_\_\_ of \_\_\_\_\_

Regimental No. \_\_\_\_\_ holder of Trinidad and Tobago ID Card No. \_\_\_\_\_

(POSITION/RELATION) \_\_\_\_\_ to act on my behalf when

transacting business with the TTPRA in the following instances:

- Receiving and remitting to me sums of money payable to and by the Association.
- Submitting to the Association documents required for the processing of benefits and other services.
- Communicating to and receiving feedback on the various benefits of my membership;
- Assisting me generally in my interaction with the Association.

Member: \_\_\_\_\_

Authorized Representative \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_

Contact No: \_\_\_\_\_

\_\_\_\_\_

ID Card No: \_\_\_\_\_

\_\_\_\_\_



***(Required for Thumb Print)***

Witness:

Sign: \_\_\_\_\_

Print: \_\_\_\_\_

ID Card Number: \_\_\_\_\_

Left or Right Thumb Print

NOTE: This form must be submitted with 1 copy of each ID Card mentioned above.